

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90182 029 \*\*\*150.00

**DOCUMENT # P01000117432**

**1. Entity Name**  
**INTEGRITY VENDING, INC.**

**Principal Place of Business**  
**1605 MAIN STREET STE 1001**  
**SARASOTA FL 34236**

**Mailing Address**  
**1605 MAIN STREET STE 1001**  
**SARASOTA FL 34236**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-1159034**

Applied For

Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GOLDSMITH, STANLEY A**  
**1605 MAIN STREET STE 1001**  
**SARASOTA FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing**  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **GOLDSMITH, STANLEY A**  
**STREET ADDRESS** **1605 MAIN STREET STE 1001**  
**CITY-ST-ZIP** **SARASOTA FL 34236**

**TITLE** **D, VP, S, AT** ☒ Change ☒ Addition  
**NAME** **GOLDSMITH, STANLEY A.**  
**STREET ADDRESS** **(address unchanged)**  
**CITY-ST-ZIP**

**TITLE** **D** ☐ Delete  
**NAME** **ELLIOTT, JAMES A**  
**STREET ADDRESS** **4445 GREENFIELD AVE**  
**CITY-ST-ZIP** **SARASOTA FL 34233**

**TITLE** **D, P, AS, T** ☒ Change ☒ Addition  
**NAME** **ELLIOTT, JAMES A.**  
**STREET ADDRESS** **(address unchanged)**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:**

*Stanley A. Goldsmith*  
**Stanley A. Goldsmith**  
**Vice President**

**4/12/02 4/24/02 941-955-4990**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

ATTACHMENT

**STANLEY A. GOLDSMITH**

**ATTORNEY AT LAW**

**1605 MAIN STREET**

**SUITE 1001**

**SARASOTA, FLORIDA 34236**

**(941) 955-4990**

April 24, 2002

ALSO ADMITTED IN OHIO

Katherine Harris, Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Uniform Business Report for  
INTEGRITY VENDING, INC.  
Document Number: P01000117432

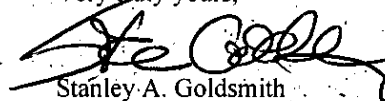
1647472

Dear Ms. Harris:

Enclosed please find the fully completed Uniform Business Report for the above referenced entity. Also enclosed check number 1022 payable to the Florida Department of State in the amount of \$150.00 for payment of filing fees.

I would be appreciative if you would file the same at your earliest convenience. Your prompt and courteous attention to this matter is appreciated.

Very truly yours,

  
Stanley A. Goldsmith

SAG/ab

Enclosures

cc: INTEGRITY VENDING, INC.