

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90109 008 ***150.00

DOCUMENT # P02000000278

1. Entity Name
ALLEY VENDING, INC.



Principal Place of Business
7957 NW 3RD PL
MARGATE FL 33063

Mailing Address
7957 NW 3RD PL
MARGATE FL 33063

2. Principal Place of Business
6323 NW 80th TERR
Suite, Apt. #, etc.

3. Mailing Address
6323 NW 80th TERR
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PARKLAND, FL
Zip
33067

City & State
PARKLAND, FL
Zip
33067

4. FEI Number
60-0000509
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RITTER, LOUIE
7957 NW 3RD PL
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name **Ritter, Louie**
Street Address (P.O. Box Number is Not Acceptable)
6323 NW 80th TERR
City **PARKLAND** FL **33067**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/16/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pres. Louie Ritter
STREET ADDRESS	6323 NW 80th TERR
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECRETARY Christine Ritter
STREET ADDRESS	6323 NW 80th TERR
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)