


FILED
May 09, 2003 8:00 am
Secretary of State

05-09-2003 90146 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000030881					
1. Entity Name FRAZIER'S VENDING, INC.					
Principal Place of Business 26372 ROLLING ACRES DR BROOKSVILLE, FL 34602			Mailing Address 26372 ROLLING ACRES DR BROOKSVILLE, FL 34602		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 48-1258099					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRAZIER, DON 26372 ROLLING ACRES DR BROOKSVILLE, FL 34602			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D FRAZIER, DON 26372 ROLLING ACRES DR BROOKSVILLE, FL 34602					
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Don Frazier</u> (DON FRAZIER) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
3-25-03 (352) 585-3301 <small>Date Daytime Phone #</small>					

CP2E034 (10/02)