

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90050 005 ***150.00

0318735

DOCUMENT # P93000010548

1. Entity Name
THE VENDING BEAR, INC.

Principal Place of Business
**14537 SUNSET PINES DR
 DELRAY BEACH FL 33445
 US**

Mailing Address
**14537 SUNSET PINES DR
 DELRAY BEACH FL 33445
 US**

00035895



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1312 FRANGIPANI CIR.
 Suite, Apt. #, etc.

3. Mailing Address
1312 FRANGIPANI CIR.
 Suite, Apt. #, etc.

City & State
LANTANA, FL
 Zip
33462
 Country
US

City & State
LANTANA FL.
 Zip
33462
 Country
US

4. FEI Number **65-0384135**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUCH, NEIL
 14537 SUNSET PINES DR
 DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name
NEIL BAUCH
 Street Address (P.O. Box Number is Not Acceptable)
1312 FRANGIPANI CIR
 City
LANTANA FL Zip Code
33462

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAUCH, NEIL		NAME	
STREET ADDRESS 14437 SUNSET PINES DR		STREET ADDRESS	
CITY-ST-ZIP DELRAY BEACH FL 33445		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Neil M. Bauch*
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date **4/9/01** Daytime Phone # **561-302-2375**

CR2E034 (10/00)