

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030117

1. Entity Name

PAR VENDING SERVICES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90054 009 ***158.75

Principal Place of Business

5620 MCDONALD AVENUE
 KEY WEST FL 33040

Mailing Address

5620 MCDONALD AVENUE
 KEY WEST FL 33040

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

65-0412203

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAUST, LORRAINE GAIL
 5620 MCDONALD AVENUE
 KEY WEST FL 33040

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, 2000 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 ~~VPTS~~ ☒ Delete
 NAME ~~FAUST, LORRAINE GAIL~~
 STREET ADDRESS 71ST AVENUE EAST
 CITY-ST-ZIP KEY WEST FL 33040

TITLE PRESIDENT ☒ Change ☐ Addition
 NAME PAUL FAUST
 STREET ADDRESS 71 AVE E
 CITY-ST-ZIP KEY WEST, FL 33040

TITLE VP ☐ Delete
 NAME FAUST, PHILLIP
 STREET ADDRESS 9 ASTER TERRACE
 CITY-ST-ZIP KEY WEST FL

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

TITLE 2VTS ☐ Delete
 NAME FAUST, LORRAINE G
 STREET ADDRESS 71ST AVENUE EAST
 CITY-ST-ZIP KEY WEST FL 33040

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00

305-296-3718

CR2E034 (9/99)