

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90072 018 ***158.75

DOCUMENT # P93000030117

1. Entity Name

PAR VENDING SERVICES, INC.

Principal Place of Business

Mailing Address

5620 MCDONALD AVENUE
KEY WEST FL 33040

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

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, 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

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

TITLE ☐ Change ☒ Addition
NAME P/D FAUST, PAUL
STREET ADDRESS 75 AVENUE E
CITY-ST-ZIP KEY WEST, FL 33040

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

TITLE ☒ Change ☐ Addition
NAME V/D FAUST, PHILLIP
STREET ADDRESS 9 ASTER TERRACE
CITY-ST-ZIP KEY WEST, FL 33040

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

TITLE ☒ Change ☐ Addition
NAME 2V/T/S FAUST, LORRAINE GAIL
STREET ADDRESS 75 AVENUE E
CITY-ST-ZIP KEY WEST, FL 33040

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

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

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

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

TITLE ☐ Delete
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: Lorraine Gail Faust 3/13/02 305-296-3718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)