| D & B | VENDING, INC. | | Secretary of State 02-19-2001 90007 031 ***150.00 | | | | | |
|---|--|--|---|---|--|----------------------|------------------------------|--|
| 1 | ce of Business JAIL MEADOW TRAIL L 34990 | TRAIL | - | | | | | |
| 2. Principal F 2306 Suite, Apt | Place of Business N.E. 19 TH CT, #, etc. | 3. Mailing Address 2306 NE . / Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | | | |
| Zip | COUNTRY FL, | City & State TENSEN BE. Zip | ACH · F | ۷, | FEI Number 65-0427692 | | pplied For lot Applicable | |
| 349. | | 34957 | | 5. | Certificate of Status Desired | Fee Require | | |
| | 6. Name and Address of Current F | Registered Agent | N | 7. | Name and Address of New Registe | red Agent . | | |
| | RTNER, DAVID A 5C SW QUAIL MEADOW TRAIL | Name Street A | DAVI ddress (P.O. B | D A KARTNO Box Number is Not Acceptable) | <u> </u> | | | |
| | M CITY FL 34990 | 23 | 06 N | N.E. 19TH CT. N BEACH | | | | |
| | | | l city ${oldsymbol{	au}}$ | ENSE | N BEACH | FL Zig Coo | 957 | |
| 8. The above | named entity submits this statement for | A Kar | | r registered ag | pent, or both, in the State of Florida. ${\it Da}$ | -/5-01 | | |
| Tax filling requirement and elects to do so. After MAY 1, 20 | | | 1 Fee will be \$ | | | | 00 May Be d to Fees | |
| 11. | OFFICERS AND D | DIRECTORS | 12. | AC | DITIONS/CHANGES TO OFFICERS | | S IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Kartner, David A 3705C SW Quail Meadow Tra Palm City Fl 34990 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2306 JENS | N.E., 19THCT. EN BEACH FL | 12 Change 3 4 9 5 | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KARTNER, FRANK A 2306 NE 19TH CT JENSEN BEACH FL 34956 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - - | Oelete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |

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.

| ς | IG | N | ΔΤ | 11 | R | F | • |
|---|----|---|----|----|---|---|---|

Dail A Kart

02-15-01

561-287-0600

Date

Daytime Phone #