

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90217 013 ***150.00

DOCUMENT # P94000038087

1. Entity Name

R & G VENDING, INC.

Principal Place of Business

**538 SE MONTERREY RD
STUART FL 34994
US**

Mailing Address

**2492 SW ESTELLA TERRACE
PALM CITY FL 34990
US**

2. Principal Place of Business

3. Mailing Address

538 SE MONTERREY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

4. FEI Number **65-0496474**

Applied For

Not Applicable

Zip

Country

Zip

Country

34994 USA

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

**FARRELL, RICKEY L ESQ.
1595 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952**

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 **P** ☐ Delete
NAME **RENNA, MARIE**
STREET ADDRESS **2799 SE BLUEN WAY**
CITY-ST-ZIP **PT ST LUCIE FL**

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

TITLE **ST** ☒ Delete
NAME **CALARCO, LOREEN**
STREET ADDRESS **2492 SW ESTELLA TERRACE**
CITY-ST-ZIP **PALM CITY FL**

TITLE **ST** ☐ Change ☒ Addition
NAME **PATRICIA SWEENEY-RENNA**
STREET ADDRESS **2459 SE MORNINGSIDE BLVD**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE **VP** ☒ Delete
NAME **CALARCO, LAWRENCE**
STREET ADDRESS **2492 SW. ESTELLA TERR.**
CITY-ST-ZIP **PALM CITY FL**

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

TITLE **VP** ☐ Delete
NAME **RENNA, ROBERT JR.**
STREET ADDRESS **2659 SE MORNINGSIDE BLVD**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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: *Patricia Sweeney-Renna*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/01

514-2209767

CR2E034 (10/00)