2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P94000051390** Jan 21, 2000 8:00 am 1. Entity Name **Secretary of State** VEND-PRO INC. 01-21-2000 90117 025 ***150.00 Principal Place of Business Mailing Address ## 1 MILLER ST 1157 CARRINGTON COURT ORANGE PARK FL 32073-4113 = PARK FL 32073 լյյսյյսես 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3259517 Not Applicable Country \$8.75 Additional Zip П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LITTLE, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 1157 CARRINGTON COURT **ORANGE PARK FL 32073** City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition ☐ Delete TITLE LITTLE, CHARLES E. NAME NAME STREET ADDRESS STREET ADDRESS 1157 CARRINGTON COURT CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL ST ☐ Delete TITLE Change Addition TITLE LITTLE, RUBY M. NAME NAME STREET ADDRESS 1157 CARRINGTON COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE inglati t NAME 1105 TH SHOWER COTT 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 engowered 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.

with all other like empowered

SIGNATURE: