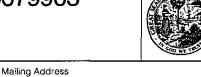
## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P94000079903

E & T VENDING, INC.



Principal Place of Business

38 FURNESS PLACE

1. Entity Name

PALM COAST FL 32137

US

2. Principal Place of Business

Suite, Apt. #, etc.

MITCHELL, EDWARD

38 FURNESS PALCE PALM COAST FL 32137

SIGNATURE

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

City & State

Country

Zip 6. Name and Address of Current Registered Agent

the obligations of registered agent.

Zio

Signature, typed or printed name of registered agent and title if applicable.

City & State

PO BOX 354098

3. Mailing Address

Suite, Apt. #, etc.

PALM COAST FL 32137

Country

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

59-3279482

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

City

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. I am familiar with, and accept

11.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADD

CITY-ST-ZIF

☐ Delete

Delete

☐ Delete

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

☐ Change

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

## FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS

MITCHELL, EDWARD

MITCHELL, PHYLLIS

38 FURNESS PLACE

WILLIAM, JUNE M

38 FURNESS PL

38 FURNESS PL

PALM COAST FL 32137

PALM COAST FL 32137

PALM COAST FL 32137

MITCHELL, EDWARD

PALM COAST FL 32137

38 FURNESS PL

9. Election Campaign Financing Trust Fund Contribution.

Change	☐ Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

DATE

**FILED** 

05-05-2003 90706 030 \*\*\*150.00

☐ CHECK HERE IF MAKING CHANGES

May 05, 2003 8:00 am Secretary of State

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CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

there 1/6/03 (356)446-0333

Addition