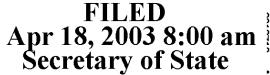
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600000 1. Entity Name 21ST CENTURY VENDING, INC.

the obligations of registered agent.



1. Entity Name P9600		04-18-2003 90148 009 ***150.00				
21ST CENTURY VENDING, INC.						
Principal Place of Business	Mailing Address					
440-B WALKER STREET	440-B WALKER STREET					
HOLLY HILL FL 32117	HOLLY HILL FL 32117					
2. Principal Place of Business	3. Mailing Address		T CONTINUE THE TRAIN NAME OF THE ORIGINAL ENGINE	101 2214 0101 01014 1001 1401		
305 DIVISION AVENUE	305 DIVISION A	UENUE				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State	City & State		4. FEI Number	Applied For		
DRMOND BEACH, FL	ORMOND BEACH	1. FL	59-3360318	Not Applicable		
Zip Country 32174-8828 USA		untry USA		8.75 Additional ee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
" · · ·	** * * * * * * * * * * * * * * * * * *	Name	rum Que de la martina de l La martina de la martina d	•		
SEAMAN, DANNY		Street Address (I	P.O. Box Number is Not Acceptable)			
440-B WALKER STRÉET		305 DIVISION AVENUE # 6				
HOLLY HILL FL 32117						
		ORMOND.	BEACH FL	Zip Code 32174-8838		
8. The above named entity submits this statement for	the purpose of changing its registe	ered office or register	ed agent, or both, in the State of Florida. I am fa	miliar with, and accept		

	Signature, typed or printed name of registered agent and title if app	icable. (NOTE: H	egistered Agent signati	va tednied woel tell	nergrangi	DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of State				9. Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees
10.	OFFICERS AND DIRECTO	RS	11.		DITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	RS IN 11
TITLE NAME ESTREET ADDRESS CITY-ST-ZIP	PST SEAMAN, DANIEL E. 1 140 7TH ST HOLLY HILL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	987 3EAMAI 5 Sea Palm (N. DANIEL E. bee Court Coast, FL 3211	©Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 1	_ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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. PAGEL

SIGNATURE: