FILED

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90038 029 ***150.00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P96000027562 DOCUMENT # 1. Entity Name L & G VENDING, INC.



Principal Place of Business Mailing Address 11026672 646 NE 15TH CT 646 NE 15TH CT CAPE CORAL FL 33909 CAPE CORAL FL 33909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0652365 Not Applicable Zip Country Zip Country \$8.75 Additional ≥5.-Certificate of Status Desired - *-- 🔲 -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERMAN, LAWRENCE JR Street Address (P.O. Box Number is Not Acceptable) 646 NE 15TH CT CAPE CORAL FL 33909 City Zip Code atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this eaistered agen (NOTE: Registered Agent signature requi-DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be ^A After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Defete TITLE Change Addition GERMAN, LAWRENCE JR NAME NAME 646 NE 15TH COURT STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE · Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 record or trustee impowered 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 SIGNATU SIGNATURE AND TYPED OR PRINTED NAME OF SIGN