

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058096

1. Entity Name
OLD GLORY VENDING, INC.

Principal Place of Business
18185 SW 3RD ST.
PEMBROKE PINES FL 33029

Mailing Address
18185 SW 3RD ST.
PEMBROKE PINES FL 33029

2. Principal Place of Business
1591 N.W. 182ND TERR.
Suite, Apt. #, etc.

3. Mailing Address
1591 N.W. 182ND TERR.
Suite, Apt. #, etc.

City & State
PEMBROKE PINES
Zip
FLORIDA 33029
Country
USA

City & State
PEMBROKE PINES, FLA.
Zip
33029
Country
USA

4. FEI Number 65-0684481

Applied For
Not Applicable

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

POETSCH, EDWARD R
18185 SW 3RD ST. 1591 N.W. 182ND TERR.
PEMBROKE PINES FL 33029

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	DP	<input type="checkbox"/> Delete
NAME	POETSCH, EDWARD R	
STREET ADDRESS	18185 SW 3RD ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	DST	<input type="checkbox"/> Delete
NAME	POETSCH, MARY B	
STREET ADDRESS	18185 SW 3RD ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: EDWARD R. POETSCH, PRES.
EDWARD R. POETSCH, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90053 043 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)