

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90104 050 \*\*\*150.00

0044713

**DOCUMENT # P96000083371**

1. Entity Name  
**J. & N. VENDING CO.**

Principal Place of Business Mailing Address  
**367 PINE SPRING DR 367 PINE SPRING DR**  
**DEBARY FL 32713 DEBARY FL 32713**

**00006701**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**367 Pine Springs DR**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**DeBary Florida**  
Zip Country Zip Country  
**32713 Volusia**

4. FEI Number **59-3410527** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHISANO, NANCY C**  
**367 PINE SPRING DR.**  
**DEBARY FL 32713**

**7. Name and Address of New Registered Agent**

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 ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<b>NANCY C SCHISARO</b>
STREET ADDRESS	<b>367 PINE SPRINGS DR</b>
CITY-ST-ZIP	<b>DEBARY FL 32713</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>NANCY C SCHISANO</b>
STREET ADDRESS	<b>367 PINE SPRINGS DR</b>
CITY-ST-ZIP	<b>DeBary, FL 32713</b>
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	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-15-01 407-6682674**

CR2E034 (10/00)