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

DOCUMENT # P 96 0009 1806

1. Entity Name 9 UALITY FOOD+ VENDING MGMT-INC



FILED May 04, 2004 8:00 am Secretary of State 05-04-2004 90171 035 ***158.75

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	DO NOT WRITE	IN THIS SI	'AUE		•		
2. Principal Place of Business 13839 THEN IN 3. Mailing Address CLEANWATER, FL 13639 TER			en LN.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	NWATER FL.	City & State		4 . FE	Number 59-341.7270	Applied For Not Applicable	
337	62 Country USA	33762	Country			8.75 Additional ee Required	
105 P. S. L.			Name ,	7. Nan	ne and Address of Current Registered	Agent	
				NN P. CEESAS			
political description of the contract of the c				(P. <u>O</u> . Bo:	P.O. Box Number is Not Acceptable)		
IN THIS SPACE 13839 TERN LN							
City CLEARWATER, Z FL Zip Coge 762							
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 the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	5151516151		eriores e		Notice and the second	
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NAME	ANN PCLESAS	•	NAME	CARROLLES			
STREET ADDRESS CITY-ST-ZIP	13839 TERN LN	-2-10	STREET ADDRESS				
TITLE	CLEARUNTEN, FL U. P. TARAS: SAMES & CLESAS 135/12 FEATHER	33/60	TILE			A CONTRACTOR OF THE PROPERTY O	
NAME	JAMES & CLESAS	5R.	NAME				
STREET ADDRESS	13512 PEATHER	50000 CREEK	STREET ADDRESS				
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NAME	KIMBERUI COOM	ARUS OLIVA	NAME		II III OI A		
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NAME STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			*	
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The body certain the information supplied with this tiling 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 on an attachment with an address, with all other like empowered.

727 573-5441