DOCUMENT # P96000095989

1. Entity Name

ARTHUR VENDING SERVICES, INC.

Pri	incipal	Place of	f Busine	SS
711	CAMA	ARAGUE	PLACE	

Mailing Address

711 CAMAARAGUE PLACE

FILED Mar 08, 2001 8:00 am Secretary of State

03-08-2001 90096 039 ***150.00

AKE MARY FL 32746 2. Principal Place of Business Suite, Apt. #, etc. City & State		LAKE MARY FL 3274	6		1 (BÁNGE) AG JOHA ANN ABH SON S	Tilk 00148 (819)			
		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE				
		Suite, Apt. #, etc							
		City & State			4. FEI Number 59-3412039			Applied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired		8.75 Adde Require		
	6. Name and Address of C	Current Registered Agent			Name and Address of New Re				1
			Name						1
	IUR, GEORGE CAMARAGUE PLACE		Street Ac		idress (P.O. Box Number is Not Acceptable)				1
APT I AKE	105 MARY FL 32746								1
	LAINE MARTI FE 32740					FL	Zip Cod	le	1
SIGNATURE	•		ing its registered office (NOTE: Registered Agent sign		gent, or both, in the State of Flor	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MA\	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		10. Election Campaign Fina Trust Fund Contribution		\$5.0 Added	00 May Be d to Fees	}
11.	OFFICER	S AND DIRECTORS	12.	A	DDITIONS/CHANGES TO OFFI	CERS AND D	RECTOR	S IN 11	٦,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE H. ARTHUR 711 CAMARAGUE PLACE, LAKE MARY FL 32746	☐ Delet	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[_ Change	☐ Addition	0010111001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAWN M. ARTHUR 711 CAMARAGUE PLACE, LAKE MARY FL 32746	□ Delete	NAME Street address			[Change	Addition	
TITLE NAME Street Address City-St-Zip	And the second s	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			. [Change	Addition	
TITLE NAME STREET ADDRESS SITY-ST-ZIP		☐ Deleti	TITLE NAME STREET ADDRESS CITY-ST-ZIP]	☐ Change	☐ Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	[Change	☐ Addition	1
TTLE NAME		Delete	TITLE NAME] Change	Addition	

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.

CITY-ST-ZIP

SIGNATURE: _소

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR