

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90502 001 \*\*\*150.00

0073729

**DOCUMENT # P97000030937**

1. Entity Name  
**L&T VENDING REPAIR INC.**

Principal Place of Business  
**4600 OLD WINTER GARDEN RD**  
**STE 342**  
**ORLANDO FL 32811**

Mailing Address  
**7101 TALLOWTREE LANE**  
**ORLANDO FL 32835**

2. Principal Place of Business  
**2545 Industrial Blvd.**  
 Suite, Apt. #, etc.  
**Orlando, Florida**  
 City & State

3. Mailing Address  
**2545 Industrial Blvd**  
 Suite, Apt. #, etc.  
**Orlando, Florida**  
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3446739** Applied For   
 Not Applicable

Zip **32804** Country  
 Zip **32804** Country

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**

**NEWELL, LARRY T SR**  
**7101 TALLOWTREE LANE**  
**ORLANDO FL 32835**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NEWELL, LARRY T SR</b>
STREET ADDRESS	<b>7101 TALLOWTREE LANE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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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: Larry T Newell Sr. **Larry T Newell Sr.** 2/20/01 407-297-7344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)