

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90490 027 ***150.00

DOCUMENT # P97000041108

1. Entity Name
SIMARK VENDING, INC.

Principal Place of Business Mailing Address
6209 DARTMOOR CT. 5715 MASTERS BLVD.
ORLANDO FL 32819 ORLANDO FL 32819

2. Principal Place of Business 3. Mailing Address
8801 BAY VILLA COURT
 Suite, Apt. #: etc. Suite, Apt. #: etc.

City & State City & State 4. FEI Number **59-3443892** Applied For
ORLANDO FL Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required
32836 U.S.A.

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
WISEMAN, JAMES S Name
5534 BROOKLINE DRIVE Street Address (P.O. Box Number is Not Acceptable)
ORLANDO FL 32819 City **FL** Zip Code

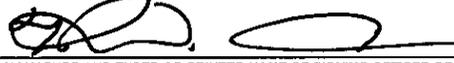
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE **03/07/01**
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. **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 NAME STREET ADDRESS CITY-ST-ZIP	D WISEMAN, SIMEON 5534 BROOKLINE DRIVE ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AKERS MARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12140 SAPHIRE DRIVE DELETE CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKERS, MARK <input checked="" type="checkbox"/> Delete 12140 SAPHIRE DRIVE CLERMONT FL 34711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISEMAN, TERRY <input type="checkbox"/> Delete 5715 MASTERS BLVD ORLANDO FL 32819	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)