

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000044220**

1. Entity Name
CENTURY VENDING, INC.

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90054 044 ***150.00

Principal Place of Business 715 REDONDO DRIVE BRANDON FL 33511	Mailing Address 715 REDONDO DRIVE BRANDON FL 33511
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City, & State	City, & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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**CARUSO, LEO
715 REDONDO DRIVE
BRANDON FL 33511**

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

Leo Caruso

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State
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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	P CARUSO, LEO 715 REDONDO DR BRANDON FL 33511	<input type="checkbox"/> Delete	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	S CARUSO, MICHELLE 715 REDONDO DR BRANDON FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Leo Caruso*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

Daytime Phone #

04/0088
AV

CR2E034 (9/01)