

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023818

1. Entity Name
JUST RIGHT VENDING, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90057 016 ***150.00

Principal Place of Business

1799 S.W. 87TH PLACE
OCALA FL 34476

Mailing Address

1799 S.W. 87TH PLACE
OCALA FL 34476

00018335



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7265 State Road 200
Suite 100
Ocala Florida
39476 Marion

3. Mailing Address

7265 State Road 200
Suite 100
Ocala Florida
39476 Marion

4. FEI Number **59-3399841**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLZSCHUH, CHARLES B
1799 S.W. 87TH PLACE
OCALA FL 34476

New Address

7. Name and Address of New Registered Agent

Name *Same as*
Street Address (P.O. Box Number is Not Acceptable)
7265 State Road Suite 100
Ocala Florida
City **FL** Zip Code **39476**

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 *Charles B. Holzschuh*
Signature, typed or printed name of registered agent and FEI if applicable. (NOTE: Registered Agent signature required when reinstating)

2-16-01
DATE

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

TITLE **DP** ☐ Delete
NAME **HOLZSCHUH, CHARLES B**
STREET ADDRESS **1799 S.W. 87TH PLACE**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **VPD** ☐ Delete
NAME **HOLZSCHUH, CAROL A**
STREET ADDRESS **1799 S.W. 87TH PLACE**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Holzschuh Charles B**
STREET ADDRESS **7265 S.R. 200 Suite 100**
CITY-ST-ZIP **Ocala Fl 34476**

TITLE **VPD** ☒ Change ☐ Addition
NAME **Holzschuh Carol A**
STREET ADDRESS **7265 S.R. 200 Suite 100**
CITY-ST-ZIP **Ocala, Fl. 34476**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 *Charles B. Holzschuh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-01
Date

(352) 861-0351
Daytime Phone #

CR2E034 (10/00)