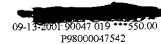
2001 UNIFORM BUSINESS REPORT (UBR)



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DOCUMENT # 1., Entity Name P98000047542

OTVOS VENDING CO.

P98000047542

FILED

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Principal Plac	ce of Business	Mailing Address			_	01	UUI	-4	PM 12: 5	
1010 ELMWOOD ST. ORLANDO FL 32801-4033		1010 ELMWOOD ST. ORLANDO FL 32801-4033				SECRETARY OF STATE.				
							, planes	1		
2. Principal P	Place of Business	3. Mailing Address							4	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS S	PACE		
City & State		City & State			4. 1	4. FEI Number 59-35 19368 Applied For Not Applied			oplied For ot Applicable	
Zip	1 1 1		Counti	Country				8.75 Additional		
	6. Name and Address of Current	Registered Agent			7. 1	Name and Address of New R				
				Name					1	
OTVOS, CHRISTIAN 1010 ELMWOOD ST.				Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO	O FL 32801-4033`								1	
			Ī	City			FL	Zip Coo	le	
6. The above	named entity submits this statement for	or the purpose of changing its	egistere	d office or r	egistered ag	ent, or both, in the State of Flo	rida,			
		•							. \	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered	Agent signature	e required when re	einstating)	DATE			
9 This corry	oration is eligible to satisfy its Intangible	FILE NOW!	LEEF	S \$550.0	0	1				
Tax filing*	requirement and elects to do so.	After September 12,	2001 F	ee will be	\$750.00	10. Election Campaign Finance Trust Fund Contribution		\$5.0 Adde	DO May Be d to Fees	
·	ria on back)	Make Check Payabi		partment						
11.	OFFICERS AND		12.	 i)P	DITIONS/CHANGES TO OFFI				
TITLE NAME	OTVUS, CHRISTIAN O	☐ Delete	TITLE NAME		MVOS.	CHRISTIAN O.		X Citange	Addition	
STREET ADDRESS	1010 ELMWOOD ST.			T ADORESS	1010 64	MWEED ST.			Ì	
CITY-ST-ZIP	ORLANDO FL 32801-4033		City-:	ST-ZIP	ORLAND	W, FZ. 32801-4033			Addition	
TALE		☐ Delete	TTTLE					☐ Change	Addition	
NAME	{		NAME						}	
STREET ADDRESS				TADDRESS		٠				
CITY-ST-ZIP	 -		CITY-	SI-ZIP						
TITLE	1	☐ Delete	TITLE	ļ				☐ Change	Addition	
NAME STREET ADDRESS				T ADDRESS		•				
CITY-ST-ZIP			CITY-S	4						
TITLE		☐ Deleie	TITLE	 				Change	Addition	
NAME		□ Octobe	NAME			'				
STREET ADDRESS			STREE	T ADDRESS)	
CITY-S1-ZIP			CITY-	\$T-ZIP						
TITLE		☐ Delete	TITLE			· ·		☐ Change	Addition	
NAME	l		NAME	ţ				•	1	
STREET ADDRESS			STREE	T AODRESS						
CITY-5T-2IP			CITY-S	ST-ZIP						
TITLE	,	☐ Delete	TITLE				,	Change	☐ Addition	
NAME			NAME	ļ			49.4	<u> </u>	_	
STREET AODRESS	1		STREE	I ADDRESS			F &	9		
CITY-ST-ZIP										
GH 1-21-4IF			CITY-S	ST-ZIP						

of the copporation or the receiver or frustee empowered to execute this report is 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR