

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012980

1. Entity Name

GARY VENDING, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-08-2000 90098 047 ***150.00

Principal Place of Business

Mailing Address

1729 LAKE CYPRESS DRIVE
SAFETY HARBOR FL 34695

1729 LAKE CYPRESS DRIVE
SAFETY HARBOR FL 34695-4506

2. Principal Place of Business

10194 SEMINOLE IS. DR.

3. Mailing Address

10194 SEMINOLE IS. DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LARGO FL.

City & State

LARGO FL.

4. FEI Number

59-3559684

Applied For

Not Applicable

Zip

33773

Country

FLORIDA

Zip

33773

Country

FLORIDA

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

PATENAUE, GARY
1729 LAKE CYPRESS DRIVE
SAFETY HARBOR FL 34695

NEW
10194 SEMINOLE ISLAND DRIVE
LARGO FL 33773

Name GARY PATENAUE

Street Address (P.O./Box Number is Not Acceptable)

10194 Seminole Island Dr

City Largo

FL

Zip Code 33773

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

GARY PATENAUE

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

(NOTE: Registered Agent signature required when reinstating)

4/25/2000

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, 2000 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 GARY PATENAUE ☐ Delete
STREET ADDRESS 10194 SEMINOLE ISLAND DRIVE
CITY-ST-ZIP LARGO-FL 33773 (DIRECTOR)

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

TITLE NAME MARTHA PATENAUE ☐ Delete
STREET ADDRESS 10194 SEMINOLE ISLAND DRIVE
CITY-ST-ZIP LARGO FL 33773 (DIRECTOR)

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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

GARY PATENAUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

DATE

727-460-1299

Daytime Phone #