

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90022 018 ***150.00

DOCUMENT # P99000038532

1. Entity Name
BLUE RIBBON VENDING, INC.

Principal Place of Business

**5768 MANDY LANE
TALLAHASSEE FL 32304**

Mailing Address

**5768 MANDY LANE
TALLAHASSEE FL 32304**

2. Principal Place of Business

600 SCOTLAND RD

3. Mailing Address

P.O. BOX 918

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HAVANA, FL

City & State

HAVANA, FL

Zip

32333

Country

USA

Zip

32333

Country

USA

4. FEI Number

59-3583311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCMURRY, JAMES A
142 CRABAPPLE LN.
ST. MARKS FL 32355**

7. Name and Address of New Registered Agent

Name **DORIAN BEASLEY**
Street Address (P.O. Box Number is Not Acceptable)
600 SCOTLAND ROAD
City **HAVANA** FL Zip Code **32333**

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 **DORIAN BEASLEY**

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

Dorian Beasley

(NOTE: Registered Agent signature required when reinstating)

1-8-2002

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	MCMURRY, JAMES A	
STREET ADDRESS	142 CRABAPPLE LN.	
CITY-ST-ZIP	ST. MARKS FL 32355	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BEASLEY, DORIAN	
STREET ADDRESS	PO BOX 918	
CITY-ST-ZIP	HAVANA FL 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dorian Beasley* **DORIAN BEASLEY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2002

Date

850-504-0238

Daytime Phone #

CR2E034 (9/01)