

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069069

1. Entity Name

AT YOUR SERVICE VENDING, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90792 040 ***150.00

Principal Place of Business

Mailing Address

2422 HILLCREEK CIRCLE
CLEARWATER FL 33759

2422 HILLCREEK CIRCLE
CLEARWATER FL 33759-1207

2. Principal Place of Business

3. Mailing Address

3827 Louis Cir.
Suite, Apt. #, etc.

3827 Louis Cir.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs FL
Zip 34689 Country USA

City & State

Tarpon Springs FL
Zip 34689 Country USA

4. FEI Number

59-3590928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEBB, JOSEPH W
2422 HILLCREEK CIRCLE
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

Greg Holstein

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

3827 Louis Cir.

City

Tarpon Springs

FL

Zip Code

34689

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

Greg Holstein Greg Holstein

4/28/00

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBB, JOSEPH W	
STREET ADDRESS	2422 HILLCREEK CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEBB, CYNTHIA W	
STREET ADDRESS	2422 HILLCREEK CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUPLEY, SHERMAN J	
STREET ADDRESS	2422 HILLCREEK CIRCLE	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Holstein	
STREET ADDRESS	3827 Louis Cir.	
CITY-ST-ZIP	Tarpon Springs FL 34689	
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
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:

Greg Holstein Greg Holstein

Date

Daytime Phone #

4/28/00 (727)
938-8521

CR2E034 (9/99)