2000 UNIFORM BUSINESS REPORT (UBR) FILED May 17, 2000 8:00 am Secretary of State OCUMENT # 5 32454 J+J ENTERPRISES VENDING, INC. 05-17-2000 90908 031 ***150.00 inal Place of Business Mailing Address 2015 WEAVER PARTE DRIVE 2015 NEAVER PARTE ORIVE CLEARINGER, FL 33765 CLEARUATER, FL 33765 00052392 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3052053 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GULOTTA, THOMAS B. Street Address (P.O. Box Number is Not Acceptable) 2048 LOS LOMAS DR. CLEARWARD FL 380:63 Zip Code FL The above named entity submits this statement for the py Ananging its registered office or registered agent, or both, in the State of Florida. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition Change Defete GULOTTA, THOMAS B. 2048 LOS LOMAS DR. CLEHRUMTER, FL 33763 STREET ADDRESS ADDRESS CITY-ST-ZIP ST ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS ireet annress CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP Addition ☐ Delete TITLE NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP ITY-ST-ZIP Addition ☐ Change □ Delete TITLE NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIF NAME AME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP ITY-ST-7IP 3. 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 of equired 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 exposured. SIGNATURE: 🛭 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR