

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90368 043 ***558.75

DOCUMENT # S87489

1. Entity Name

VENDING SERVICE SPECIALISTS INC.

Principal Place of Business

1648 SW BILTMORE ST
 PORT ST LUCIE FL 34985
 US

Mailing Address

PO BOX 1894
 PALM CITY FL 34991
 US

2. Principal Place of Business

1648 SW Biltmore St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1894

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

Zip

34985

Country

US

City & State

Palm City, FL

Zip

34991

Country

US

4. FEI Number

65-0294438

Applied For

Not Applicable

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

DODD, ROBERT A., JR
 1008 SW 36TH TERRACE
 PALM CITY FL 34990

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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, 2001 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
 STREET ADDRESS
 CITY-ST-ZIP
 ST
 DODD, ROBERT A JR
 1008 SW 36TH TERRACE
 PALM CITY FL ☐ Delete

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

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 1008 SW 36TH TERRACE
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☐ Change ☐ Addition

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:

ROBERT A. DODD JR. - SECRETARY/TREASURER 4/25/01 15611336-5959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)