

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90145 017 ***150.00

DOCUMENT # P94000025303

1. Entity Name
SNYDER SERVICES, INC.

Principal Place of Business

1790 S.W. 2ND AVE.
 BOCA RATON FL 33432
 US

Mailing Address

1790 S.W. 2ND AVE.
 BOCA RATON FL 33432
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/o Richard Harris & Assoc PA
 Suite, Apt. #, etc.

6400 N Andrews Ave - # 320
 City & State
Fort Lauderdale FL

Zip
33309 Country
USA

3. Mailing Address

C/o Richard Harris & Assoc PA
 Suite, Apt. #, etc.

6400 N Andrews Ave - # 320
 City & State
Fort Lauderdale FL

Zip
33309 Country
USA

4. FEI Number

65-0480091

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASARCH, STEVEN J
STEVEN J. ASARCH, P.A.
2385 EXECUTIVE CENTER DR #250
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name: *Steven J. Asarch*
 Street Address (P.O. Box Number is Not Acceptable):
1960 NW Corporate Blvd
Suite 400 E.
 City: *Boca Raton* FL Zip Code: *33431*

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 *X Steven J. Asarch*
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, 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	SNYDER, ARTHUR E
STREET ADDRESS	1790 SW 2ND AVE
CITY-ST-ZIP	BOCA RATON FL 33432
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Arthur Snyder</i>
STREET ADDRESS	<i>580 Powers Lane</i>
CITY-ST-ZIP	<i>Decatur IL 62522</i>
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: *X Arthur Snyder*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/27/02
 Date

217 422-1245
 Daytime Phone #

CR2E034 (9/01)