2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000007840** Jun 02, 2000 8:00 am Secretary of State SNELGROVE ELECTRONICS INC. 06-02-2000 90019 021 ***150.00 Principal Place of Business Mailing Address 12818 MLK BLVD P.O. BOX 1513 HIGH SPRINGS FL 32655-1513 ALACHUA FL 32615 3. Mailing Address 2. 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 59-3353421 Not Applicable Country Zip Country._ _ \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNELGROVE, DIANA H Street Address (P.O. Box Number is Not Acceptable) 210 NW 1ST AVE HIGH SPRINGS FL 32643 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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 11. OFFICERS AND DIRECTORS 12. PD TITI F Change ☐ Addition TITLE ☐ Delete SNELGROVE, WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 210 NW FIRST AVE. CITY-ST-ZIP CITY-ST-ZIP HIGH SPRINGS FL 32643 ☐ Change ☐ Addition ☐ Delete TITLE SNELGROVE, DIANA H NAME NAME STREET ADDRESS STREET ADDRESS 210 NW FIRST AVE. CITY-ST-7IP CITY-ST-ZIP. HIGH SPRINGS FL 32643 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PAYNE, AMANDA S NAME NAME STREET ADDRESS STREET ADDRESS 120 NW 2ND STREET CITY-ST-ZIP CITY-ST-ZIP HIGH SPRINGS FL 32643 ☐ Change ☐ Addition TITLE ☐ Delete DARBY, DEIDRE S NAME STREET ADDRESS STREET ADDRESS 2385 MCFARLANE AVE CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 TITLE ☐ Change ☐ Addition ☐ Delete MOORE, CHARLENE S NAME NAME STREET ADDRESS STREET ADDRESS 5010 12TH NE SOUTH CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33619** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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