

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90452 017 ***150.00

DOCUMENT # **P97000046824**

1. Entity Name

SNACK-Em Up, Inc. ✓

Principal Place of Business

Mailing Address

Rt 8 Box 736 B-1 Rt 8, Box 736 B-1
LAKE City Fl 32055 LAKE City Fl 32055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0042833

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Don Tuell
Rt 8, Box 736 B-1
LAKE City Fl 32055

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

Don Tuell ✓ **Don Tuell President**

4/1/01

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, 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 **Pres** ☐ Delete
 NAME **Don Tuell**
 STREET ADDRESS **Rt 8 Box 736 B-1**
 CITY-ST-ZIP **LAKE City Fl 32055**

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

TITLE **Sec** ☐ Delete
 NAME **Cathy Tuell**
 STREET ADDRESS **Rt 8 Box 736 B-1**
 CITY-ST-ZIP **LAKE City Fl 32055**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathy M. Tuell **Cathy M. Tuell V.P.** **4/1/01**

Date

Daytime Phone #

904-754-9433

CR2E034 (11/00)