

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90071 008 ***150.00

TAXI-1000 AV

DOCUMENT # P99000019738

1. Entity Name

SNACK ATTACK CONCESSIONS, INC.

Principal Place of Business

**4951 SW 33 TERRACE
FT. LAUDERDALE FL 33312**

Mailing Address

**4951 SW 33 TERRACE
FT. LAUDERDALE FL 33312**

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

65-0898900

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

**STRICKMAN, HOWARD
4951 SW 33 TERRACE
FT. LAUDERDALE FL 33312**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **STRICKMAN, HOWARD**
STREET ADDRESS **4951 SW 33 TERRACE**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **STRICKMAN, SYDELLE**
STREET ADDRESS **4951 SW 33RD TERR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SALLEY, CONRAD MICHAEL**
STREET ADDRESS **6903 N LAGOON DR #52**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED

Date

Daytime Phone #

CR2E034 (9/01)

Attachment



#P99000019738

DEPARTMENT OF REVENUE

T. Jerry Jackson
Commissioner

Internal Administration Division
1200 Tradeport Blvd., Room 1038
Atlanta, Georgia 30354
Telephone (404) 362-6401
FAX (404) 362-6404

Lannie Greene
Director

Handwritten signature/initials over the Director's name.

01/24/02

**TO: UNIFORM BUSINESS REPORT
P O BOX 1500
TALLAHASSEE, FL 32302-1500**

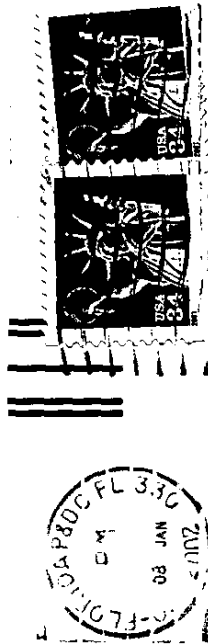
RE: Mis-directed Mail

This document was received by the Georgia Department of Revenue in error. If you have any questions please feel free to contact me at (404) 362-6401.

Thank you,

MARY NELSON

Snack Attack Concessions, Inc.
4951 S.W. 33rd Terrace
Ft. Lauderdale, FL 33312



STATE OF GEORGIA
DEPARTMENT OF REVENUE
PO Box 105296
Atlanta GA 30348-5296



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