

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90166 010 ***150.00

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DOCUMENT # P99000103149

1. Entity Name
MICRO SNAP, INC.



Principal Place of Business
**10601 BELCHER RD. SOUTH
LARGO FL 33777**

Mailing Address
**10601 BELCHER RD. SOUTH
LARGO FL 33777**



2. Principal Place of Business
11160 - 66th ST NORTH
Suite, Apt. #, etc.
SUITE 25

3. Mailing Address
11160 - 66th ST NORTH
Suite, Apt. #, etc.
SUITE 25

CHECK HERE IF MAKING CHANGES

City & State
LARGO, FLORIDA

City & State
LARGO, FLORIDA

4. FEI Number **52-2203667**

Applied For
 Not Applicable

Zip **33773** Country **USA**

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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~WATERS, BURT~~
~~10601 BELCHER RD. SOUTH~~
~~LARGO FL 33777~~

7. Name and Address of New Registered Agent

Name
STOTT JAMES

Street Address (P.O. Box Number is Not Acceptable)
8880 - 58th STREET NORTH

City **PINEWAS PARK** FL Zip Code **33777**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **PRESIDENT** DATE **4/23/03**

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCEO WATERS, BURT 10601 BELCHER RD. SOUTH LARGO FL 33777 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP STOTT, JAMES A 10601 BELCHER RD. SOUTH LARGO FL 33777 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP STOTT, JAMES A. 11160 - 66th ST NORTH, SUITE 25 LARGO, FL 33773 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **4/23/03** DAYTIME PHONE # **727-545-4885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)