2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 04, 2000 8:00 am Secretary of State **DOCUMENT # 524790** 1. Entity Name SNARF, INC. 04-04-2000 90004 003 ***150.00 Mailing Address Principal Place of Business 1374 SE 14TH STREET 1374 SE 14TH STREET FT. LAUDERDALE FL 33316-2119 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1715895 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MEAGHER, ROBERT J. Street Address (P.O. Box Number is Not Acceptable) 1374 SE 14TH STREET FT. LAUDERDALE FL 33316 Zip Code F١ 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. 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITLE. Delete TITLE MEAGHER, ROBERT J. NAME NAME STREET ADDRESS STREET ADDRESS 1374 S.E. 14TH ST. CITY-ST-ZIP CITY-ST-ZIP ft. Lauderdale fl ☐ Addition ☐ Change ☐ Delete TITLE TITLE MEAGHER, JUDITH C. NAME STREET ADDRESS STREET ADDRESS 1374 S.E. 14TH ST. CITY-ST-ZIP CITY-ST-7/P FT. LAUDERDALE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition