

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 638662

1. Entity Name

DAVID M. SNYDER, CPA, P.A.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90043 034 ***150.00

Principal Place of Business

P.O. BOX 692258
ORLANDO FL 32869-2258
US

Mailing Address

P.O. BOX 692258
ORLANDO FL 32869-2258
US

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 59-1937711

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

SNYDER, DAVID
9626 BAY VISTA ESTATES BLVD
ORLANDO FL 32836

Name
SNYDER, DAVID M.

Street Address (P.O. Box Number is Not Acceptable)

7784 CHADELHILL DR

City
ORLANDO

FL

Zip Code
32819

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 David M. Snyder, DAVID M. SNYDER, PRESIDENT

4-1-00

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, 2000 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 PD ☐ Delete
NAME SNYDER, DAVID
STREET ADDRESS 9626 BAY VISTA ESTATES BLVD
CITY-ST-ZIP ORLANDO FL 32836

TITLE PD ☒ Change ☐ Addition
NAME SNYDER, DAVID M.
STREET ADDRESS 7784 CHADELHILL DR
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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: David M. Snyder, DAVID M. SNYDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-00

Date

407-351-2945

Daytime Phone #

CR2E034 (9/99)