

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 839798

1. Entity Name

MILEAGE MART, INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90020 030 \*\*\*150.00

C0043621



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
7217 GULF BLVD STE 6 ST. PETERSBURG BCH FL 33706-1960 US		7217 GULF BLVD STE 6 ST. PETERSBURG BCH FL 33706-1961 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	36-2302457	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SWANSON, THOMAS D  
4850 OSPREY DR. S.  
#606  
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNOOR, FRANKLIN L.	NAME	
STREET ADDRESS	719 PINELLAS BAYWAY	STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, JEAN D.	NAME	
STREET ADDRESS	4850 OSPREY DR. S., #606	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, THOMAS D.	NAME	
STREET ADDRESS	4850 OSPREY DR. S., #606	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	
TITLE	EV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITZEL, GEORGE	NAME	
STREET ADDRESS	WOODLAWN ROAD	STREET ADDRESS	
CITY-ST-ZIP	STERLING IL	CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANSON, PETER	NAME	
STREET ADDRESS	7923 11TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNOOR, BARBARA	NAME	
STREET ADDRESS	719 PINELLAS BAYWAY	STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	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:** FRANKLIN L. SCHNOOR **DATE:** 7-27-367-5470  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)