## 2002 UNIFORM BUSINESS REPORT (UBR)

A98000000353 DOCUMENT # 1. Entity Name 02 APR 22 PM 3: 32 G & R SNYDER, LTD., LLP SECRETARY OF STATE TAULAHASSEE, FLORIDA Principal Place of Business Mailing Address 1733 N. POWERLINE ROAD 1733 N. POWERLINE ROAD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address P. Power line RA Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State Applied For 4. FE! Number 65-0809987 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNYDER, GARY R Street Address (P.O. Box Number is Not Acceptable) 1733 N. POWERLINE ROAD POMPANO BEACH FL 33069 City Zip Code surpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the SIGNATURE \_ 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE **\$**593,271.00 in FLORIDA to date. as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. (9/01) P98000011760 DOCUMENT # STREET ADDRESS fowerline G & R SNYDER, INC. 1733 N. POWERLINE ROAD STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME <del>305418410</del> 05/01/02--01079--016 STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT **#** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

2082

APPROVE

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