

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000353

1. Entity Name
G & R SNYDER, LTD., LLP



FILED

2003 JAN 14 AM 10:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
1741 N. POWERLINE ROAD
POMPANO BEACH FL 33069

Mailing Address
1741 N. POWERLINE ROAD
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1753 C N. Powerline Rd.

Suite, Apt. #, etc.

1753 C N. Powerline Rd.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0809987

Applied For

Not Applicable

Zip

Country

Zip

Country

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, GARY R
1741 N. POWERLINE ROAD
POMPANO BEACH FL 33069

Name

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

1753 C N. Powerline Rd.

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$593,271.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$593,271.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P98000011760
NAME G & R SNYDER, INC.
STREET ADDRESS 1741 N. POWERLINE ROAD
CITY-ST-ZIP POMPANO BEACH FL 33069

STREET ADDRESS

1753 C N. Powerline Rd.

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

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CR2E003 (10/02)

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14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-8-03 954 973 0275

Date

Daytime Phone #