2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000001569

Entity Name: SNIGLETS, INC.

FILED Feb 19, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2249 CYPRESS POINT DR E 2249 CYPRESS POINT DR E CLEARWATER, FL 337632408 US

Current Mailing Address: New Mailing Address:

2519 N MCMULLEN BOOTH RD STE 510-235 2519 N MCMULLEN BOOTH RD CLEARWATER, FL 337614174 STE 510-235 CLEARWATER, FL 337614174 US

FEI Number: 58-2416313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LOCKHART, JOHN B
2249 CYPRESS POINT DR E
CLEARWATER, FL 33763 US

LOCKHART, JOHN B
2249 CYPRESS POINT DR E
CLEARWATER, FL 337632408 US

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: 02/19/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 FLUR, PETER W

 Address:
 15008 FANNING MANOR CT

 City-St-Zip:
 CHARLOTTE, NC 282773724

 Title:
 ST
 () Delete

 Name:
 LOCKHART, JOHN B

 Address:
 2249 CYPRESS POINT DR E

 City-St-Zip:
 CLEARWATER, FL 337632408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: FLUR, PETER W

Address: 15008 FANNING MANOR CT City-St-Zip: CHARLOTTE, NC 282773724 US

Title: ST (X) Change () Addition

 Name:
 LOCKHART, JOHN B

 Address:
 2249 CYPRESS POINT DR E

 City-St-Zip:
 CLEARWATER, FL 337632408 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN B. LOCKHART ST 02/19/2003