

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

07-25-2001 90004 034 ***550.00

0119439 AT

DOCUMENT # H90298 1. Entity Name SNED & TUCKER, P.A.			
Principal Place of Business 218 DATURA STREET P. O. BOX 3746 WEST PALM BEACH FL 33402		Mailing Address 218 DATURA STREET P. O. BOX 3746 WEST PALM BEACH FL 33402	
2. Principal Place of Business 3030 S. Dixie Hwy., Ste. 5 Suite, Apt. #, etc. P.O. Box 3746		3. Mailing Address 3030 S. Dixie Hwy., Ste. 5 Suite, Apt. #, etc. P.O. Box 3746	
City & State West Palm Beach, FL 33402		City & State West Palm Beach, FL 33402	
Zip 33402-3746	Country U.S.A.	Zip 33402-3746	Country U.S.A.
4. FEI Number 59-2630776		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SNED, WILLIAM H JR 218 DATURA STREET WEST PALM BEACH FL 33402		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3030 S. Dixie Highway, Suite 5 City West Palm Beach FL Zip Code 33402-1539	
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 William H. Sned, Jr. President <small>Signature, typed or printed name of registered agent and title if applicable.</small>		7/12/01 <small>DATE</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD D'ANGIO, ROBERT A., JR. 218 DATURA STREET W. PALM BCH FL 33401	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SNED, WILLIAM H, JR 218 DATURA STREET WEST PALM BEACH FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCKER, JOAN B. 218 DATURA STREET W. PALM BCH. FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRUITT, WILLIAM H 218 DATURA ST WEST PALM BCH FL 33401	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRUITT, WILLIAM E 218 DATURA STREET W. PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3030 S. Dixie Highway, Suite 5 West Palm Beach, FL 33405-1539		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD and SD 3030 S. Dixie Highway, Suite 5 West Palm Beach, FL 33405-1539		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:

William H. Sned, Jr.

7/13/01

561/655-8631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)