

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J08689

1. Entity Name

SNAPSHOT SCULPTURES, INC.

Principal Place of Business

272 S. MILITARY TRAIL
#4339
DEERFIELD BEACH FL 33442-3030
US

Mailing Address

272 S. MILITARY TRAIL
#4339
DEERFIELD BEACH FL 33442-3030
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELZER, JEFFREY S.
1330 S.E. 4TH AVENUE
SUITE D
FORT LAUDERDALE FL 33316

Name Richard Schoeck
Street Address (P.O. Box Number is Not Acceptable)
4339
272 S. Military Trail
City Deerfield Beach FL Zip Code 33442-3030

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SCHOECK, RICHARD
STREET ADDRESS 294 S MILITARY TRAIL #4339
CITY-ST-ZIP DEERFIELD BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500003456395--2
CITY-ST-ZIP -11/07/00--01140--001
***750.00 ***750.00
☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Richard Schoeck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

10/10/00 954-4210077

FILED

00 NOV -1 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. FEI Number 59-2654067

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

0083540