

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11674

1. Entity Name

SNOOTY FOX OF SANIBEL, INC.

R

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90003 037 ***150.00

Principal Place of Business

643 ASTARIAS CIRCLE
FT. MYERS FL 33919
US

Mailing Address

643 ASTARIAS CIRCLE
FT. MYERS FL 33919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2673276

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

QUEISSER, QUENTIN
643 ASTARIAS CIRCLE
FT. MYERS FL 33919

Name

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

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTP
QUEISSER, QUENTIN
643 ASTARIAS CIR
FT. MYERS FL 33919 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
QUEISSER, TIMOTHY
643 ASTARIAS CIR
FT. MYERS FL 33919 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
MARY K. QUEISSER
643 ASTARIAS CIRCLE
FT. MYERS, FL 33919 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

Quentin Queisser 7/12/00 941-433-4585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

DOCH J11674 ATTACHMENT DW73765
7/11/00

TO: FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS

I CALLED THE DEPARTMENT WHEN I RECEIVED
THIS REPORT. I EXPLAINED THAT THIS WAS THE
FIRST NOTICE I HAD RECEIVED REGARDING THIS
REPORT. I WAS TOLD TO PUT THIS EXPLANATION
IN LETTER FORM AND TO MAIL IN MY CHECK FOR
\$150.00. I APPRECIATE YOUR CONSIDERATION AS
I DID NOT RECEIVE A FIRST NOTICE.

Sincerely,

Quentin Quesser
QUENTIN QUESSER
643 ASTORIAS CIRCLE
MT. MEANS, FL. 33919
941-437-4585

FEE # 59-2673276