

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K30534**

1. Entity Name

**SNYDER EXECUTIVE SEARCH INC.**

Principal Place of Business

**8840 SOUTHAMPTON DR.  
MIRAMAR FL 33025  
US**

Mailing Address

**POST OFFICE BOX 848381  
PEMBROKE PINES FL 33084  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0066701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required****6. Name and Address of Current Registered Agent****SNYDER, PHYLLIS  
8840 SOUTHAMPTON DR.  
MIRAMAR FL 33025****7. Name and Address of New Registered Agent**

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>DPTS</b>			
	<b>SNYDER, PHYLLIS</b>			
	<b>8840 SOUTHAMPTON DR</b>			
	<b>MIRAMAR FL</b>			

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Phyllis Snyder* **Phyllis Snyder**

1/23/2001

Date

954-436-2803

Daytime Phone #

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90159 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)