

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90052 046 \*\*\*150.00

**DOCUMENT # K89404**

1. Entity Name

**SUNBELT PROPERTY CONSULTANTS, INC.**

Principal Place of Business

**870 BALD EAGLE DRIVE  
STE 1B  
MARCO ISLAND FL 34145  
US**

Mailing Address

**870 BALD EAGLE DRIVE  
STE 1B  
MARCO ISLAND FL 34145  
US**

2. Principal Place of Business

**997 N. COLLIER BLVD  
Suite, Apt. #, etc.  
STE G**

3. Mailing Address

**997 N. COLLIER BLVD  
Suite, Apt. #, etc.  
STE G**

City & State

**MARCO ISL FL**

City & State

**MARCO ISL FL**

Zip

**34145**

Country

**US**

Zip

**34145**

Country

**US**

4. FEI Number

**65-0129151**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SNYDER, WILLIAM F  
870 BALD EAGLE DRIVE  
STE 1 B  
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name  
**SNYDER, WILLIAM F**  
Street Address (P.O. Box Number is Not Acceptable)  
**997 N. COLLIER BLVD STE G**  
City  
**MARCO ISLAND FL** Zip Code  
**34145**

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]*

**WILLIAM F SNYDER, PRES**

**3/23/02**

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, 2002 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  
**PD  
SNYDER, WILLIAM F.  
277 N COLLIER BLVD #200  
MARCO ISLAND FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SNYDER WILLIAM F  
997 N COLLIER BLVD STE G  
MARCO ISL FL 34145** ☒ Change ☐ Addition

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

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

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

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

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:

*[Signature]*

**WILLIAM F SNYDER, PRES**

**3/23/02**

**941 388 1110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0507375 AV

CR2E034 (9/01)