2000 UNIFORM BUSINESS REPORT (UBR)

Jan 20, 2000 8:00 am Secretary of State DOCUMENT # L71654 SNIDER'S Z-DEC COMPANY 01-20-2000 90117 013 ***150.00 Principal Place of Business Mailing Address % DONALD STEPHEN SNIDER 39320 SOUTH AVE 5311 CROTON ST. 5311 CROTON ST. ZEPHYRHILLS FL 33541-8218 ZEPHYRHILLS FL 33540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3033944 Not Applicable Zip Country \$8.75 Additional Country \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SNIDER, DONALD STEPHEN Street Address (P.O. Box Number is Not Acceptable) 5311 CROTON ST. ZEPHYRHILLS FL 33541 Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Addition TITLE TITLE SNIDER, DONALD STEPHEN NAME NAME STREET ADDRESS 5311 CROTON ST. STREET ADDRESS CITY-ST-ZIP ZEPHYRHILLS FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE F- Change TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 tipe empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

,2000

813-780-68

Daytime Phone #