## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 19, 2001 08:00 AM N98000006577 DOCUMENT # 1. Entity Name **Secretary of State** SNEADS INDUSTRIAL PARK, INC. Principal Place of Business Mailing Address 2853 WILDWOOD CIRCLE 2853 WILDWOOD CIRCLE MARIANNA FL MARIANNA FL 32448 32448 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3488304 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAKER ROY Street Address (P.O. Box Number is Not Acceptable) 2853 WILDWOOD CIRCLE MARIANNA FL32448 US City 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. 04/19/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) and the second second 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete D TITLE ☐ Change ☐ Addition NAME BAKER ROY NAME STREET ADDRESS STREET ADDRESS 2853 WILDWOOD CIRCLE CITY-ST-ZIP CITY-ST-ZIP MARIANNA 32448 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME TRAMMELL NAME STREET ADDRESS STREET ADDRESS 4638 BALES DRIVE CITY-ST-ZIP MARIANNA 32446 CITY-ST-ZIP TITLE PPD Delete TITLE Change ☐ Addition NAME TRAMMELL ROBERT NAME STREET ADDRESS STREET ADDRESS 4638 BALES DRIVE CITY-ST-ZIP MARIANNA CITY-ST-ZIP FL. 32446 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Roy & Baker

04/19/2001

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CR2E037 (11/00)