

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000035600

1. Entity Name  
SNJ ENTERPRISES, INC.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90058 006 \*\*\*150.00

Principal Place of Business

1619 RED RUFFLE COURT  
GOTHA FL 34734

Mailing Address

1619 RED RUFFLE COURT  
GOTHA FL 34734

UUU26443



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3638235

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

DASS, STEPHEN  
1619 RED RUFFLE COURT  
GOTHA FL 34734

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE : PD  
NAME : DASS, STEPHEN  
STREET ADDRESS : 1619 RED RUFFLE COURT  
CITY-ST-ZIP : GOTHA FL 34734 ☐ Delete

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

TITLE : STD  
NAME : DASS, JASMINE  
STREET ADDRESS : 1619 RED RUFFLE COURT  
CITY-ST-ZIP : GOTHA FL 34734 ☐ Delete

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

TITLE :  
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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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN J. DASS

3/12/01 407-297-7293

Date

Daytime Phone #

CR2E034 (10/00)