

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90363 026 ***158.75

DOCUMENT # P01000051608

1. Entity Name
SNMP FRAMEWORKS, INC.

Principal Place of Business
227 DOLPHIN COVE CT
BONITA SPRINGS FL 34134

Mailing Address
227 DOLPHIN COVE CT
BONITA SPRINGS FL 34134

2. Principal Place of Business
311 Connors Ave
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 11115
 Suite, Apt. #, etc.

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number
59-3718040

Applied For
 Not Applicable

Zip
34108 Country
USA

Zip
34108 Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HARGROVE, PHIL
227 DOLPHIN COVE CT
BONITA SPRINGS FL 34134

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 **Phil Hargrove Secretary**

Signature, typed or printed name of registered agent and title if applicable.

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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 **P** ☐ Delete
 NAME **DAVISON, JEFERY HAL**
 STREET ADDRESS **1421 VICTORIA BLVD**
 CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE **V** ☐ Delete
 NAME **FAUCHER, GEORGE**
 STREET ADDRESS **311 CONNERS AVE**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE **ST** ☐ Delete
 NAME **HARGROVE, PHIL**
 STREET ADDRESS **227 DOLPHIN COVE CT**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

239-269-9675

Daytime Phone #

CR2E034 (9/01)