

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000078898

FILED  
Apr 28, 2002 8:00 AM  
Secretary of State

Entity Name: SNB MANAGEMENT GROUP, INC.

## Current Principal Place of Business:

14610 STARBRIGHT DR.  
DADE CITY, FL 33525

## New Principal Place of Business:

8976 LAKE DR.  
NEW PORT RICHEY, FL 34654

## Current Mailing Address:

14610 STARBRIGHT DR.  
DADE CITY, FL 33525

## New Mailing Address:

35246 US HWY 19 N.  
256  
PALM HARBOR, FL 34684

FEI Number: 59-3750524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MAKOWSKI, BRYAN C  
14610 STARBRIGHT DR.  
DADE CITY, FL 33525

## Name and Address of New Registered Agent:

MAKOWSKI, BRYAN C  
8976 LAKE DR.  
NEW PORT RICHEY, FL 34654

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: BRYAN C. MAKOWSKI

04/28/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAKOWSKI, BRYAN C  
Address: 14610 STARBRIGHT DR.  
City-St-Zip: DADE CITY, FL 33525

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAKOWSKI, BRYAN C  
Address: 8976 LAKE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN C. MAKOWSKI

P

04/28/2002

Electronic Signature of Signing Officer or Director

Date