

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

0372536 AV

DOCUMENT # P01000122099

1. Entity Name  
SUZI SNAIDER SALES, INC.



04-15-2003 90094 041 \*\*\*150.00

Principal Place of Business  
9315 NW 49 PLACE  
SUNRISE FL 33351

Mailing Address  
9315 NW 49 PLACE  
SUNRISE FL 33351



2. Principal Place of Business  
6529 PIEMONTE DR  
Suite, Apt. #, etc.

3. Mailing Address  
6529 PIEMONTE DR  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
BOYNTON BCH FL  
Zip 33437 Country US

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BOYNTON BCH FL  
Zip 33437 Country US

4. FEI Number 30-0016531  
Applied For  
Not Applicable

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

SNAIDER, SUZI  
9315 NW 49 PLACE  
SUNRISE FL 33351

Name SNAIDER, SUZI  
Street Address (P.O. Box Number is Not Acceptable)  
6529 PIEMONTE DR  
City BOYNTON BEACH FL Zip Code 33437

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Suzi Snider*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/8/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P SNAIDER, SUZI <input type="checkbox"/> Delete
NAME	9315 NW 49 PLACE
STREET ADDRESS	SUNRISE FL 33351
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P SNAIDER, SUZI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6529 PIEMONTE DR
STREET ADDRESS	BOYNTON BCH FL 33437
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 607, 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.

SIGNATURE:

*Suzi Snider*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/8/03

Date

Daytime Phone #

CR2E034 (10/02)