

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90111 016 ***550.00

0133760 AT

DOCUMENT # P02000017632

1. Entity Name
SNAKE EYES, INC.



Principal Place of Business
**24515 VINTNER CT.
LUTZ FL 33559**

Mailing Address
**24515 VINTNER CT.
LUTZ FL 33559**



2. Principal Place of Business

3. Mailing Address

24515 VINTNER CT.
Suite, Apt. #, etc.

24515 VINTNER CT.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

LUTZ FLA

City & State

LUTZ FLA

4. FEI Number

01-0638127

Applied For

Not Applicable

Zip

33559

Country

USA

Zip

33559

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FROST, THOMAS
24515 VINTNER CT.
LUTZ FL 33559**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☐ Delete
NAME **FROST, THOMAS**
STREET ADDRESS **24515 VINTNER CT.**
CITY-ST-ZIP **LUTZ FL 33559**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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 an other like empowered.

SIGNATURE:

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

President **7/19/03** **813-601-4848**
Date Daytime Phone #

CR2E034 (4/03)