

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90080 002 ***150.00

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1. Entity Name
D. JAMES SNYDER, P.A.



Principal Place of Business
**2349 SUNSET PT. ROAD
SUITE 401
CLEARWATER FL 33765
US**

Mailing Address
**2349 SUNSET PT. ROAD
SUITE 401
CLEARWATER FL 33765
US**



2. Principal Place of Business
2790 Sunset Point Road
Suite, Apt. #, etc.

3. Mailing Address
2790 Sunset Point Road
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Clearwater, Florida

City & State
Clearwater, Florida

4. FEI Number **59-3163747**

Applied For

Not Applicable

Zip
33759

Country
Pinellas

Zip
33759

Country
Pinellas

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

6. Name and Address of Current Registered Agent

**D. JAMES SNYDER
1742 CAPTIVA DR.
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name
D. James Snyder
Street Address (P.O. Box Number is Not Acceptable)
1107 Dustan Place
City
Trinity FL Zip Code
34655

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 *D. James Snyder*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/03

DATE

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 **DPST** ☐ Delete
NAME **SNYDER, D J**
STREET ADDRESS **1742 CAPTIVA DR**
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **Snyder, D J**
STREET ADDRESS **1107 Dustan Place**
CITY-ST-ZIP **Trinity, Fl. 34655**

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

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

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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: *D. James Snyder* **REQUIRE** **D. James Snyder, Pres.** 3-11-03 127-797-6878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (10/02)