

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90021 022 ***150.00

006861 AV

DOCUMENT # P93000044364

1. Entity Name

SNYDER OVEN REPAIR, INC.

Principal Place of Business

Mailing Address

~~1350 SHELLER RD~~ 1030 OCOEE-Apopka P O BOX 1224
 APOPKA-FL 32708 Suite 230 APOPKA FL 32704
 US US
 Apopka, FL 32703



2. Principal Place of Business

3. Mailing Address

1030 OCOEE-Apopka Rd.
 Suite 230

City & State

City & State

Apopka, FL

Zip 32703

Country US

Zip

Country

4. FEI Number

59-3189238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNYDER, KENNETH
 414 KIBGHTSWOOD DR
 APOPKA FL 32712

Name

Snyder, Kenneth E.

Street Address (P.O. Box Number is Not Acceptable)

414 Knightswood Dr.

City

Apopka

FL

Zip Code

32712

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

Kenneth E. Snyder

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

(NOTE: Registered Agent signature required when reinstating)

3-29-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SNYDER, KENNETH E.	
STREET ADDRESS	1526 N HUDSON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, AMBER E.	
STREET ADDRESS	1526 N HUDSON ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, HARRY E.	
STREET ADDRESS	2861 CITRON DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ZINGALLI, ANECA	
STREET ADDRESS	2861 CITRON DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Snyder, Kenneth E.	
STREET ADDRESS	414 Knightswood Dr.	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZINGALLI, ANECA	
STREET ADDRESS	2861 487 JORDAN STUART Circle	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEUDRIKS, SANDRA	
STREET ADDRESS	2218 IRONQUOIS LANE	
CITY-ST-ZIP	DELTONA, FL 32738	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Snyder, Kenneth E.	
STREET ADDRESS	414 Knightswood Dr.	
CITY-ST-ZIP	Apopka, FL 32712	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, HARRY E.	
STREET ADDRESS	443 HAVERLAKE Circle	
CITY-ST-ZIP	Apopka, FL 32712-0000	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Kenneth E. Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-02

Date

407-889-9112

Daytime Phone #

CR2E034 (9/01)