## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P93000045381

TURTLE SNAPS, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90369 048 \*\*\*150.00

					03-23-2001	20302 040	150.0	O .
Principal Place of Business O BOX 33086 ALM BEACH GARDENS FL 33420		Mailing Address PO BOX 33086 PALM BEACH GARDENS FL 33420 US						
					) (BENIBE) (NE NENE (NIN BENI BE	)) <b>50</b> ))) <b>51)</b> )) <b>51)</b> ) <b>1</b>	) <b>)                                   </b>	( <b>1</b> 1 )(1) (111)
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WR	RITE IN THIS SPA	CE	
City & State		City & State		4.	FEI Number 65-043595	59		oplied For ot Applicable
Zip Country		Zip Country		5.	Certificate of Status Desired		.75 Add	ditional
	6. Name and Address of Current F			7.	Name and Address of New		<del></del>	
	SH, MARK G.		Name MARK G. WELSH Street Address (P.O. Box Number is Not Acceptable)					
	CHARTER WAY ST PALM BEACH FL 33407	1401 City Boc						
					LATON	FL	Zip Code 334	86
3. The above	named entity submits this statement for	the purpose of changing its re-	aistered office o		<del>"</del>	lorida.		. <del></del>
SIGNATURE .	Mail A. Wells. Signifyure, typed or printed name of registered agent ar	MARK G. W	VELSH ,	Vice	PRESI DEUT	26. Ua	rch z	061
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Fi			May Be I to Fees
1.	OFFICERS AND D	DIRECTORS	12.	A	DDITIONS/CHANGES TO OF	FICERS AND DIF	RECTORS	
itle Name Street address <sup>1</sup> City-St-Zip	DP PATTERSON, GREGORY S 106 HOLLY CREEK RD. MORRISVILLE NC 27560	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WELSH, MARK G 195 CHARTER WAY WEST PALM BEACH FL 33407	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NARK I	G. WELSH W 15TH AVE #6 LATON , FL 3348(		Change	Addition
ITLE IAME STREET ADDRESS CITY-ST-ZIP	TEG TAKIN BOTOTTE GOTOT	☐ Deiĕte	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		Change	Addition
ITLE IAME ITREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
ITLE IAME TREET ADDRESS ( ITY-ST-ZIP		□ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
itle Ame Treet address Ity-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
3. I hereby o	ertify that the information supplied with t	his filing does not qualify for the	e exemption stat	ted in Section	119.07(3)(i), Florida Statutes.	I further certify t	hat the in	formation

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.

MARK G. WELSH Z6 March 2001