

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90023 007 ***150.00

DOCUMENT # P93000045381

1. Entity Name
TURTLE SNAPS, INC.

Principal Place of Business

**PO BOX 33086
 PALM BEACH GARDENS FL 33420
 US**

Mailing Address

**PO BOX 33086
 PALM BEACH GARDENS FL 33420
 US**

2. Principal Place of Business

1355 W. PALMETTO PARK RD

Suite, Apt. #, etc.

#163

City & State

BOCA RATON, FL

Zip

33486

Country

USA

3. Mailing Address

1355 W. PALMETTO PARK RD

Suite, Apt. #, etc.

#163

City & State

BOCA RATON, FL

Zip

33486

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0435959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WELSH, MARK G.

1401 NW 15TH AVENUE #6

BOCA RATON FL 33486

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.

SIGNATURE

Mark G. Welsh **MARK G. WELSH, v. President**

(NOTE: Registered Agent signature required when reinstating)

3 APRIL 2002

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	PATTERSON, GREGORY S	
STREET ADDRESS	106 HOLLY CREEK RD.	
CITY-ST-ZIP	MORRISVILLE NC 27560	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELSH, MARK G	
STREET ADDRESS	1401 NW 15TH AVENUE #6	
CITY-ST-ZIP	BOCA RATON FL 33486	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

Mark G. Welsh **MARK G. WELSH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 April 2002

Date

561-750-7506

Daytime Phone #

CR2E034 (9/01)