2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P93000065524

1. Entity Name



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90219 008 ***150.00

DAVID L. SNYDER, INC.										
Principal Place 211 WEST OCI BOYNTON BEA	ean avenue		Mailing Address 211 WEST OCEAN AVENUE BOYNTON BEACH FL 33435			e noorhood hijo honde kilki sakkii sakki	EDIN AANG CI	DE DELĜE ĜEKI	11811 BLB1 1401	
2. Principal Pl	ace of Business	3. Mailing Address	. Mailing Address			; 190 ;1 09) 110 50100 11111 3 0511 05115	EBIN BRITA BI	DI BUKUN BENI	(10)1 BIBI IFBI	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	El Number 65-0446332		\rightarrow	pplied For ot Applicable	
Zip	Country	Zip	Coun	itry	5. 0	Certificate of Status Desired		8.75 Ad ee Require		
	6. Name and Address of Current	Registered Agent		پين سي	~#7:~N	lame and Address of New Re	gistered A	gent	-	
					Name					
SNYDER, I		Street Addres			ss (P.O. B	(P.O. Box Number is Not Acceptable)				
_	OCEAN AVENUE									
BOYNTON	BEACH FL 33435	/		Oit.				Zip Co	de de	
				City			FL			
8. The above the obligati	named entity submits this statement to ons of constered agent.	The purpose of changing	its register	ed office or regis	stered ag	ent, or both, in the State of Flor	ida. lam fa レル	miliar with.	, and accept	
SIGNATURE -	Signature, typed or printed name of registered agent	401 4 111 1	NOTE: Registere	ed Agent signature requ	uired when re	einstating)	DATE	10/10	85/	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	6 State	, -			9. Election Campaign Fina Trust Fund Contribution			00 May Be ed to Fees	
	Payable to Florida Department o		11.		ΑΓ	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	3S IN 11	
TITLE	P OFFICERS AND	Delete	TITL			Billiono, orni mage i o orni		☐ Change	Addition	
NAME	SNYDER, DAVID L	Boile	NAM	AE .						
STREET ADDRESS	211 WEST OCEAN AVENUE			EET ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL			Y-ST-ZIP				Change	Addition	
TITLE	V DEEDEV D	☐ Delete	TITL	I				☐ Change	L) Addition	
NAME STREET ADDRESS	Snyder, Jeffrey R 207 W. Ocean Ave			EET ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CIT	r-st-zip						
TITLE	,ST	Delete	TITL		• / ₁ · 		• • -	Change	☐ Addition	
NAME	Snyder, Justin T		NAM	l l						
STREET ADDRESS CITY-ST-ZIP	207 WEST OCEAN AVENUE			EET ADDRESS Y-ST-ZIP						
	BOYNTON BEACH FL 33435	Delete	TITI					☐ Change	Addition	
TITLE NAME		Delete	NAM	I						
STREET ADDRESS			STR	EET ADDRESS						
CITY-ST-ZIP			CIT	Y-ST-ZIP						
TITLE		☐ Delete	TITI					☐ Change	Addition	
NAME			NAM	ME BEET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP						
		☐ Delete	TIT					☐ Change	Addition	
TITLE NAME		☐ Delete	NAI	4				_ 3	·	
STREET ADDRESS			STF	REET ADDRESS						
CITY-ST-ZIP				Y-ST-ZIP		·				
12. I hereby	pertify that the information supplied with on this report or supplemental report i	h this filing does not quali s true and accurate and t	fy for the ex	emption stated in ature shall have	n Section the same	119.07(3)(i), Florida Statutes. I legal effect as if made under o	fürther cert ath; that I a	ify that the m an office	information er or director	

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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Dayline Phone #

SIGNATURE: