

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000078940

1. Entity Name
S N P ENTERPRISES, INC.

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90018 029 ***150.00

Principal Place of Business
7519 PASPALUM
PUNTA GORDA FL 33983



2. Principal Place of Business 7519 PASPALUM	3. Mailing Address 7519 PASPALUM PUNTA GORDA FL 33983
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Punta Gorda FL	City & State Punta Gorda FL
Zip 33955	Country Citanlatt.
Zip 33955	Country Citanlatt.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0440036 Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

STAFIDAS, PETER 7519 PASPALUM PUNTA GORDA FL 33983	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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> Added to Fees
--	--	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	STAFIDAS, PETER 7519 PASPALUM PUNTA GORDA FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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: *Peter S. Stafidas* RECORDED STAFFORD

4/15/02 0416372627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)