

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90468 027 ***150.00

0059128 AV

DOCUMENT # P95000015376

1. Entity Name
HAPPY SNACKS, INC.



Principal Place of Business
**5821 FOREST RIDGE DRIVE
PENSACOLA FL 32526**

Mailing Address
**5821 FOREST RIDGE DRIVE
PENSACOLA FL 32526**

11006044



2. Principal Place of Business
1602 GREEN BRIAR PKWY
Suite, Apt. #, etc.
A

3. Mailing Address
1602 GREEN BRIAR PKWY
Suite, Apt. #, etc.
A

☒ CHECK HERE IF MAKING CHANGES

City & State
Gulf Breeze, FL
Zip
32563

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Gulf Breeze, FL
Zip
32563

4. FEI Number
59-3300406

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLEOD, WILLIAM D JR.
5821 FOREST RIDGE DRIVE
PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

Name
BRIAN VISCUSO
Street Address (P.O. Box Number is Not Acceptable)
1602 GREEN BRIAR PKWY
Unit A
City
Gulf Breeze FL Zip Code
32563

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Brian Viscuso*, **BRIAN VISCUSO, President** **4/14/03**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEOD, WILLIAM D JR. 5821 FOREST RIDGE DRIVE PENSACOLA FL 32526	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BRIAN VISCUSO 1602-A GREEN BRIAR PKWY GULF BREEZE, FL. 32563	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEOD, DENISE T 5821 FOREST RIDGE DRIVE PENSACOLA FL 32526	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT RENEE NAPIER 1200 FE. PICKENS Rd., #6F Pensacola Beach, FL. 32561	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian Viscuso* **BRIAN VISCUSO** **4/14/03** **850 723 0809**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E034 (10/02)