

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000051276

1. Entity Name

BITE ME SNACKS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90022 013 ***150.00

Principal Place of Business

Mailing Address

8326 CASCADE OAKS DRIVE
 ORLANDO FL 32822

8326 CASCADE OAKS DRIVE
 ORLANDO FL 32822-7778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3309830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEJKUNCHORN, HEATHER A
 8326 CASCADE OAKS DRIVE
 ORLANDO FL 32822

Name: Heather A. Zuhr
 Street Address (P.O. Box Number is Not Acceptable):
8326 Cascade Oaks Dr.
 City: Orlando, FL 32822

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D President, Vice Pres, Tres. ☐ Delete
 NAME: ZUHR, HEATHER A
 STREET ADDRESS: 8326 CASCADE OAKS DRIVE
 CITY-ST-ZIP: ORLANDO FL 32822

TITLE: President, Vice Pres, Tres ☒ Change ☐ Addition
 NAME: ZUHR, HEATHER A
 STREET ADDRESS: 8326 CASCADE OAKS DRIVE
 CITY-ST-ZIP: ORLANDO FL 32822

TITLE: P ☒ Delete
 NAME: ZUHR, DAVID R.
 STREET ADDRESS: 8326 CASCADE OAKS DRIVE
 CITY-ST-ZIP: ORLANDO FL (Delete)

TITLE: Deleted as of: ☐ Change ☐ Addition
 NAME: 10.20.98 (see attachment)
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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:

Heather A. Zuhr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/00 4074822177

CR2E034 (9/99)