

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

05-31-2000 90022 013 \*\*\*150.00

**DOCUMENT # P95000051276**

1. Entity Name  
**BITE ME SNACKS, INC.**

Principal Place of Business 8326 CASCADE OAKS DRIVE ORLANDO FL 32822	Mailing Address 8326 CASCADE OAKS DRIVE ORLANDO FL 32822-7778
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number <b>59-3309830</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**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 <b>Heather A. Zuhr</b>
Street Address (P.O. Box Number is Not Acceptable) <b>8326 Cascade Oaks Dr.</b>
City <b>Orlando, FL 32822</b>

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] DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE <b>D President, Vice Pres, Tres.</b>	<input type="checkbox"/> Delete
NAME <b>ZUHR, HEATHER A</b>	
STREET ADDRESS <b>8326 CASCADE OAKS DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32822</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>ZUHR, DAVID R.</b>	
STREET ADDRESS <b>8326 CASCADE OAKS DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
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 <b>President, Vice Pres, Tres</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <b>Deleted as of:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>10.20.98 (see attachment)</b>	
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: [Signature] DATE: **4/30/00** DAYTIME PHONE #: **4074822177**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (9/99)