

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074860

1. Entity Name
SNOEDEL, INC.

FILED
Sep 14, 2000 8:00 am
Secretary of State

09-14-2000 90005 020 ***550.00

Principal Place of Business
2897 NEW FOUND HARBOR DR
MERRITT ISLAND FL 32952
US

Mailing Address
2897 NEW FOUND HARBOR DR
MERRITT ISLAND FL 32952
US

2. Principal Place of Business
903 Westwood Dr.
Suite, Apt. #, etc.

3. Mailing Address
903 Westwood Dr.
Suite, Apt. #, etc.

City & State
Merritt Island FL
Zip
32953
Country
U.S.A

City & State
Merritt Island FL
Zip
32953
Country
U.S.A

4. FEI Number 59-3401830

Applied For
Not Applicable

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

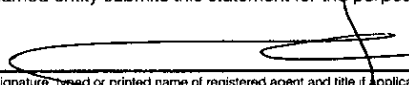
6. Name and Address of Current Registered Agent

THOMAS, JOLANDE M
2897 NEW FOUND HARBOR DR
MERRITT ISLAND FL 32952

7. Name and Address of New Registered Agent

Name Thomas, Jolande M
Street Address (P.O. Box Number is Not Acceptable)
903 Westwood Drive
Merritt Island
City FL Zip Code 32952

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)

9/9/2000
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME THOMAS, JOLANDE M
STREET ADDRESS 2897 NEW FOUND HARBOR DR
CITY-ST-ZIP MERRITT ISLAND FL 32952 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Jolande M. Thomas
STREET ADDRESS 903 Westwood Drive
CITY-ST-ZIP Merritt Isl. FL 32952 ☒ Change ☐ Addition

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

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

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)