

Feb 21, 2000 8:00 a  
Secretary of State

02-21-2000 90044 008 \*\*\*150.00

DOCUMENT # P96000094064

Name  
STATE SNAX, INC.

Place of Business Mailing Address  
AVE N 8743 93RD AVE N  
33777 LARGO FL 33777-2947

Place of Business 3. Mailing Address  
Apt #, etc. Suite, Apt #, etc.

State City & State

4. FEI Number 59-3413657 Applied For Not Applicable



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent  
PRESCOTT, PAUL S  
8743 93RD AVE N  
LARGO FL 33777

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

Registered entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

Corporation is eligible to satisfy its Intangible Tax Requirement and elects to do so. (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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D PRESCOTT, PAUL S 8743 93RD AVE N LARGO FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00  
Date

813-645-5991  
Daytime Phone #

CR2E034 (9/99)