

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002542

1. Entity Name

SNIPPLES, INC.

FILED

Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90006 005 ***150.00

Principal Place of Business 4856 TRAWLER CT. JACKSONVILLE, FLORIDA 32225	Mailing Address PO BOX 16952 JACKSONVILLE, FLORIDA 32245
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2. Principal Place of Business Suite: Apt. #, etc. City & State Zip	3. Mailing Address Suite: Apt. #, etc. City & State Zip	4. FEI Number 59-3422344	Applied For Not Applicable
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOLTHOUSE, NANCY 4856 TRAWLER COURT JACKSONVILLE, FLORIDA 32225	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: _____ (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 PVT5 NAME HOLTHOUSE, NANCY STREET ADDRESS 4856 TRAWLER CT. CITY-ST-ZIP JACKSONVILLE, FLORIDA 32225	<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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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: Nancy Holthouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
Date

Daytime Phone #

CR2E034 (9/99)