

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003156

1. Entity Name

SNAPPERS STUCCO, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90029 031 ***150.00

Principal Place of Business

Mailing Address

RTE. 3, BOX 5475 V
HAVANA FL 32333

RTE. 3, BOX 5475 V
HAVANA FL 32333-9798

2. Principal Place of Business

3. Mailing Address

658 Tall Pine Drive

PO Box 2366

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HAVANA FL

City & State
HAVANA FL

4. FEI Number 59-3419279

Applied For
Not Applicable

Zip
32333

Country
GADSDEN

Zip
32333

Country
GADSDEN

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

VAUGHAN, SHARON
RTE. 3, BOX 5475 V
HAVANA FL 32333

Name SHARON VAUGHAN

Street Address (P.O. Box Number is Not Acceptable)

658 Tall Pine Drive

City HAVANA

FL

Zip Code 32333

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 SHARON VAUGHAN
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/2000
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 \$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 PD
NAME VAUGHAN, WAYNE RICHARD
STREET ADDRESS RTE. 3, BOX 5475 V
CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 658 Tall Pine Drive
CITY-ST-ZIP HAVANA FL 32333

TITLE STD
NAME VAUGHAN, SHARON
STREET ADDRESS RTE. 3, BOX 5475 V
CITY-ST-ZIP HAVANA FL 32333 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 658 Tall Pine Drive
CITY-ST-ZIP HAVANA FL 32333

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

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:

SHARON VAUGHAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000
Date

850-539-7403
Daytime Phone #

CR2F034 (9/99)