

2006 UNIFORM BUSINESS REPORT (UBR)

0499782

DOCUMENT # P97000040842

1. Entity Name

HAV-A-SNACK, INC.

FILED

00 MAY 17 PM 1:50

Principal Place of Business

Mailing Address

2211 WHITFIELD PARK AVE
SARASOTA FL 34243

2211 WHITFIELD PARK AVE
SARASOTA FL 34243-4087

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0756493

Applied For
Not Applicable

Zip

Country

Zip

Country

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

POPE, MATTISON S
2211 WHITFIELD PARK AVE.
SARASOTA FL 34243

Name

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

City

FL

Zip Code

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)

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	DVP	<input type="checkbox"/> Delete
NAME	POPE, MATTISON S	
STREET ADDRESS	2211 WHITFIELD PARK AVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	DPTS	<input type="checkbox"/> Delete
NAME	POPE, GAY A	
STREET ADDRESS	2211 WHITFIELD PARK AVE	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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***1050.00 ***150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTISON S. POPE 4/12/00 (941)756-6785

Date

Daytime Phone #

CR2E034 (9/93)