

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
 02-14-2000 90008 026 ***150.00

DOCUMENT # P97000059207

1. Entity Name

SNAPP PAINTING & PRESSURE CLEANING, INC.

Principal Place of Business

1728 17TH LANE
 GREENACRES FL 33467

Mailing Address

1728 17TH LANE
 GREENACRES FL 33463-4361

2. Principal Place of Business

17945 36th CT. North

Suite, Apt. #, etc.

3. Mailing Address

17945 36th CT. North

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

Zip

33470

Country

City & State

Loxahatchee, FL

Zip

33470

Country

4. FEI Number

65-0783665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARTIN, STEFFANI T
 1704 17TH LANE
 LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P
 SNAPP, STEPHEN D
 1728 17TH LANE
 GREENACRES FL 33467

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

17945 36th COURT NORTH
 LOXAHATCHEE, FL 33470

☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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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:

STEPHEN D. SNAPP, PRESIDENT

Date

Daytime Phone #