

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91770 018 ***150.00

DOCUMENT # P97000070353

1. Entity Name
S-N-C, INC.

Principal Place of Business
5275 34TH ST. S.
ST. PETERSBURG FL 33711
US

Mailing Address
5275 34TH ST. S.
ST. PETERSBURG FL 33711
US

2. Principal Place of Business
5175 34th St. South
 Suite, Apt. #, etc.

3. Mailing Address
5175 34th St South
 Suite, Apt. #, etc.

City & State
St. Petersburg FL
 Zip **33711** Country **USA**

City & State
St. Petersburg FL
 Zip **33711** Country **USA**

4. FEI Number **59-3462578**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILKINSON, G. WILKINSON ESQ
696 1ST AVE NO STE 201
SAINT PETERSBURG FL 33701

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, 2002 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 **P** ☐ Delete
 NAME **CAFIERO, DIANA M**
 STREET ADDRESS **1116 JACKSON ST. NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE **V** ☐ Delete
 NAME **STEGER, JAMES A**
 STREET ADDRESS **6234 FAIRWAY BAY BOULEVARD SOUTH**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **ST** ☐ Delete
 NAME **STEGER, SUE A**
 STREET ADDRESS **6234 FAIRWAY BAY BOULEVARD SOUTH**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2002 727)865-1533

CR2E034 (9/01)