

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000090069****1. Entity Name**
CENSORED SERVICES CORP.**Principal Place of Business**

258 GLENRIDGE LP N.

LAKELAND
33809

FL

Mailing Address

P O BOX 91905

LAKELAND
33804

US

FL

2. Principal Place of Business

258 GLENRIDGE LP N.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND

FL

City & State

LAKELAND

33804

US

4. FEI Number

59-3473742

Applied For

Not Applicable

Zip
33809Country
USZip
33809Country
US**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SNYDER MARIANNE
258 GLENRIDGE LP N.LAKELAND
33809

FL

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)

04/30/2000

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**

TITLE	S	<input type="checkbox"/> Delete
NAME	SNYDER MARIANNE	
STREET ADDRESS	258 GLENRIDGE LP N	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE	PDT	<input type="checkbox"/> Delete
NAME	SNYDER DAVID W	
STREET ADDRESS	258 GLENRIDGE LPN	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER MARIANNE	
STREET ADDRESS	258 GLENRIDGE LP N	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: DAVID W. SNYDER**

P

04/30/2000