## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P97000103284

1. Entity Name

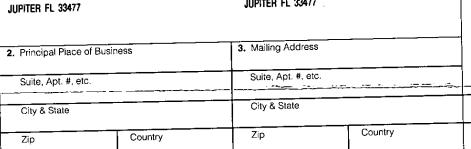
SAY HEY SNACKS, INC.



Principal Place of Business 560 S BELLA VISTA COURT Mailing Address

560 S BELLA VISTA COURT

JUPITER FL 33477



**FILED** Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90190 035 \*\*\*150.00



7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DIACETIS, CHRISTOPHER 560 S BELLA VISTA COURT JUPITER FL 33477 City

8.	The above the obligati	named ions of	entity submi registered ac	its this statement for the purpose of chapent.	anging its register	red office or registered agent, or bo	th, in the State of Florida	I am familiar with, and accept
SIG	NATURE -	2	V13	tule if a alicable	(NOTE: Register	ed Agent signature required when reinstating)		DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zin Code

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change 10. TITLE ☐ Delete TITLE DIACETIS, CHRISTOPHER NAME NAME STREET ADDRESS 560 S BELLA VISTA COURT STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP ← Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if CITY-ST-ZIP

CITY-ST-ZIP