

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011907

1. Entity Name

SNAPPY GENERAL ENTERPRISES, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90928 007 \*\*\*150.00

Principal Place of Business

Mailing Address

5720 24TH ST. W.  
BRADENTON FL 34207

5720 24TH ST. W.  
BRADENTON FL 34771-9038

2. Principal Place of Business

3. Mailing Address

4775 Cypress Creek Ranch Rd. 4775 Cypress Creek Ranch Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

St. Cloud, FL

St. Cloud, FL

4. FEI Number 65-0811281

Applied For

Not Applicable

Zip

Country

Zip

Country

34771

US

34771

US

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

ENGILIS, FREDERICK C II  
5720 24TH ST. W.  
BRADENTON FL 34207

Name

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

4775 Cypress Creek Ranch Road.

City

FL

Zip Code

St. Cloud

34771

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)

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME ENGILIS, FREDERICK II  
STREET ADDRESS 5720 24TH ST W  
CITY-ST-ZIP BRADENTON FL 34207

☐ Delete

TITLE P  
NAME Engilis, Frederick II  
STREET ADDRESS 4775 Cypress Creek Ranch Rd.  
CITY-ST-ZIP St. Cloud, FL 34771

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 #

CR2E034 (9/99)