

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016518

1. Entity Name

SNS TECHNOLOGY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90299 014 ***150.00

Principal Place of Business

1355 EAST ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701
US

Mailing Address

118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714-2537
US

2. Principal Place of Business

3. Mailing Address

1355 East Altamonte Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Altamonte Springs FL

Zip

Country

Zip

Country

32701 USA

4. FEI Number

59-3496581

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEILMAN, JON
370 SW 181ST WAY
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

INDYU SHARMA

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

309 HIDDEN HOLLOW CT

City

SAN FORD

FL

Zip Code

32773

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)

4/24/00
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.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	HEILMAN, JON	
STREET ADDRESS	370 SW 181ST WAY	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
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	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INDYU SHARMA	
STREET ADDRESS	309 HIDDEN HOLLOW CT	
CITY-ST-ZIP	SAN FORD FL 32773	
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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

Daytime Phone #

CR2E034 (9/99)