

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90093 020 \*\*\*150.00

**DOCUMENT # P98000021500**  
 1. Entity Name  
**SNEAD ISLAND INVESTMENT CO.**

Principal Place of Business Mailing Address  
**3651 CORTEZ ROAD WEST #300** **3651 CORTEZ ROAD WEST #300**  
**BRADENTON FL 34210** **BRADENTON FL 34210**



2. Principal Place of Business 3. Mailing Address  
**303 Ninth Street West** **303 Ninth Street West**  
**Suite 201** **Suite 201**  
**Bradenton, FL 34205** **Bradenton, FL 34205**

DO NOT WRITE IN THIS SPACE

City & State City & State  
**Bradenton, FL 34205** **Bradenton, FL 34205**

Zip Country Zip Country  
**MANATEE**

4. FEI Number **65-0838331** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GRAVELY, JEFFREY D**  
**3651 CORTEZ ROAD WEST #300**  
**BRADENTON FL 34210**

7. Name and Address of New Registered Agent  
 Name...  
 Street Address (If Not Acceptable)  
**303 Ninth Street West**  
**Suite 201**  
**Bradenton, FL 34205**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PS GRAVELY, JEFFREY D 3651 CORTEZ RD. W. STE. 300 BRADENTON FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT STRPHENSON, JAMES F JR 3651 CORTEZ RD. W. STE 300 BRADENTON FL 34210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	303 Ninth Street West Suite 201 Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	303 Ninth Street West Suite 201 Bradenton, FL 34205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 to an address, with all other like empowered.

SIGNATURE: JEFFREY D. GRAVELY 3-14-02 (941) 750-9494  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)