2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2001 8:00 am DOCUMENT # D08000027116

1. Entity Name SNYDER DOOR INSTALLATIONS INC.					Secretary of State 01-20-2001 90008 035 ***150.00			
Principal Plac		Mailing Address						
MYAKKA CITY FL 34251 MYAKKA CITY FL			FL 34251		30U40D			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc. 42150 Staff Page (4) Cast		Suite, Apt. #, etc.	1		DO NOT WRI	TE IN THIS SPACE		
42/50 STATE ROAD 64 EAST City & State		City & State	1 ·		FEI Number 59-34995	16 L Ar	oplied For	
<i>MYAKK</i> Zip	A CITY FL	MYAKKA CL19	FL Country	-		\$9.75 Add	ot Applicable	
3425	1 USA	3425/	KSA		Certificate of Status Desired	Fee Require		
	6. Name and Address of Cu	rrent Registered Agent	Name		Name and Address of New I			
SNYDER, CHARLES G				SPYDER, CHARLES C Street Address (P.O. Box Number is Not Acceptable)				
	5 21 ST. NORTH PETERSBURG FL 33714							
0,,	,,		I City		TE ROAD 64		le	
9 The shows	nomed antitu submite this statem	ent for the purpose of changing its		KKA C.		34	25/	
6. The above	riamed entity submits this statem	ent for the purpose of changing its	registered office o	r registered ag	lent, or both, in the State of Fi	orida.	}	
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable. (NOTI	E: Registered Agent signal	ture required when re	einstating)	DATE		
9. This corpo	oration is eligible to satisfy its Intar	ngible FILE NOW!	!! FEE IS \$150.	00	T			
, , , , , , , , , , , , , , , , , , , ,			01 Fee will be \$	550.00	10. Election Campaign Fit Trust Fund Contribution	- <u>-</u>	May Be	
11.		AND DIRECTORS	12.	AD	DITIONS/CHANGES TO OFF			
TITLE NAME	DV WALKER, CATHERINE	☐ Delete	TITLE NAME	1	R. CATHERINE	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	ESS 2110 4TH AVE N				ER CATHERINE O STATE ROAD 64 EAST KA CITY, FL 34251			
TITLE	ST. PETERSBURG FL 33713	Delete	TITLE	THYMAK	A CITY, PL	<u>3923/</u> ☐ Change	☐ Addition	
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CITY-ST-ZIP			CITY-ST-ZIP	<u>L</u>				
indicated of the corp	on this report or supplemental rep poration or the receiver or trustee	d with this filing does not qualify for port is true and accurate and that n empowered to execute this report ress, with all other like empowered.	ny signature shall h as required by Cha	lave the same I	legal effect as if made under	oath: that I am an officer	or director	