

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90070 026 \*\*\*150.00

**DOCUMENT # P98000043295**

1. Entity Name  
**HANK SNEAD & ASSOCIATES, INC.**

Principal Place of Business  
**104 SEVILLE CT. S.  
PLANT CITY FL 33567**

Mailing Address  
**104 SEVILLE CT. S.  
PLANT CITY FL 33567**

2. Principal Place of Business  
**1704 GOLFVIEW DR. SO.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1704 GOLFVIEW DR. SO.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**PLANT CITY, FL 33567**  
Zip Country

City & State  
**PLANT CITY, FL 33567**  
Zip Country

4. FEI Number **59-3512165**  
Applied For  
Not Applicable

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**

**SNEAD, JOHN K  
1704 GOLFVIEW DR. S.  
PLANT CITY FL 33567**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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 *John K. Snead* **3-28-01**  
(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SNEAD, PHYLLIS D 104 SEVILLE CT SO. PLANT CITY FL 33567 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1704 GOLFVIEW DR. SO. PLANT CITY, FL 33567</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John K. Snead*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-28-01**

Date Daytime Phone #

CR2E034 (10/00)

0036793