

**AMENDED**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P98000048681**

1. Entity Name

**CHRISTMAS AT YOUR PLACE INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**113 SW 100 Terr**

Suite, Apt. #, etc.

3. Mailing Address

**113 SW 100 Terr**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Coral Springs FL**

City & State

**Coral Springs FL**

4. FEI Number

**15-0853760**

Applied For

Not Applicable

Zip

**33071**

Country

**USA**

Zip

**33071**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**William J Snyder**

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

**113 SW 100 Terr**

City

**Coral Springs**

FL

Zip Code

**33071**

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

**5/31/02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

**500005821765-9**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
SNYDER, WILLIAM J  
113 SW 100 Terr.  
CORAL SPRINGS FL 33071**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

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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 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 #

**5/30/02**

**954-753-0578**

CR2E034B (12/01)

Attachment

#P98000048681

**OFFICER / DIRECTOR RESIGNATION**

I, Jerilynn M. Snyder hereby resign as Vice President  
(Title)  
of CHRISTMAS AT YOUR PLACE, INC.  
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.

Jerilynn M. Snyder  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**