

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90108 005 ***150.00

DOCUMENT # P98000052402

1. Entity Name:

SNIP OF DEL MAR, INC.

Principal Place of Business

**7134 PERACASA WAY
BOCA RATON FL 33433**

Mailing Address

**331 WILDWOOD CIR.
DEERFIELD BCH FL 33442-1436**

2. Principal Place of Business

3. Mailing Address

516 DEER CREEK RUN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DEERFIELD BEACH FL

Zip

Country

Zip

Country

33442 USA

4. FEI Number

65-0844598

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

**MYERS, JOHN F JR.
331 WILDWOOD CIR.
DEERFIELD BCH FL 33442**

Name

SAME

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

516 DEER CREEK RUN

DEERFIELD BEACH FL

Zip Code 33442

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 F. Myers Jr. Pres

1-10-2000

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD**
NAME **MYERS, JOHN F JR.**
STREET ADDRESS **331 WILDWOOD CIR.**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

TITLE
NAME
STREET ADDRESS **516 DEER CREEK RUN**
CITY-ST-ZIP **DEERFIELD BCH FL 33442**

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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:

John F. Myers Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Myers Jr 954-7250764
Date Daytime Phone #