2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91222 046 ***150.00

DOCUMENT # P98000067359

1. Entity Name
SNIDER BUILDERS, INC.

Principal Place of Business	Mailing Address
8585 LAKE FLORENCE BLVD. ORLANDO FL 32818	8585 LAKE FLORENCE BLVD. ORLANDO FL 32818

551455

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6147 OAK SHORE DR	PO BOX 700207
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. CLOUD, FL	City & State: ST CLOUD FL
Zip: 34771 Country: USA	Zip: 34770 Country: USA

4. FEI Number 59-3525586 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNIDER, JOSEPH C
8585 LAKE FLORENCE BLVD.
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name: JOSEPH C. SNIDER
Street Address (P.O. Box Number is Not Acceptable): 301 CONNECTICUT AVE
City: ST CLOUD FL FL Zip Code: 34769

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SNIDER, JOSEPH C		NAME		
STREET ADDRESS	8585 LAKE FLORENCE BLVD.		STREET ADDRESS	301 CONNECTICUT AVE	
CITY-ST-ZIP	ORLANDO FL 32818		CITY-ST-ZIP	ST CLOUD, FL 34769	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: ______________________ 4-30-01 407-467-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #