

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90196 043 \*\*\*150.00

**DOCUMENT # P98000084357**

1. Entity Name  
**SNEAK-A-TREAT, INC.**



Principal Place of Business  
**1608 BARCELONA WAY  
WINTER PARK FL 32789**

Mailing Address  
**1608 BARCELONA WAY  
WINTER PARK FL 32789**

**J00100000**



2. Principal Place of Business  
**1035 Golfside Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**1035 Golfside Dr**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Winter Park, FL**  
Zip  
**32792**

City & State  
**Winter Park, FL**  
Zip  
**32792**

4. FEI Number  
**59-3535491**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WIER, TRESA B  
1608 BARCELONA WAY  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name  
**Denise May**  
Street Address (P.O. Box Number is Not Acceptable)  
**1035 Golfside Dr**  
City  
**Winter Park** FL Zip Code  
**32792**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Denise May - Director** DATE **1/22/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BURNS, BOB  
13340 SW 20TH STREET  
MIRAMAR FL 33027** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WIER, TRESA B  
1608 BARCELONA WAY  
WINTER PARK FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
ABBOTT, JIM  
13853 SW 90TH AVE., APT F106  
MIAMI FL 33176** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MAY, JON  
5563 NORTH STREET  
BARTLETT TN 38134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MAY, DENISE  
5563 NORTH STREET  
BARTLETT TN 38134** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
HARLON, CEDAR  
1608 BARCELONA WAY  
WINTER PARK FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SNEAK-A-TREAT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/03**

Date

Daytime Phone #

CR2E034 (10/02)