## 2000 UNIFORM BUSINESS REPORT (UBR)

## Mar 16, 2000 8:00 am DOCUMENT # P98000084822 Secretary of State WILLIAM SNOWDEN, INC. 03-16-2000 90066 038 \*\*\*150.00 Principal Place of Business Mailing Address 341 RED WING WAY 341 RED WING WAY CASSELBERRY FL 32707 CASSELBERRY FL 32707-4009 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3535581 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SNOWDEN, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 341 RED WING WAY CASSELBERRY FL 32707 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition PTD ☐ Delete TITLE NAME SNOWDEN, WILLIAM C NAME STREET ADDRESS STREET ADDRESS 1310 WEST COLONIAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 TITLE Change Addition ☐ Delete TITLE NAME SNOWDEN, MARILYN Q NAME STREET ADDRESS STREET ADDRESS 1310 WEST COLONIAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Addition ..... 🔲 Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DATE OF SIGNING