

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000178

1. Entity Name

CANTINA BAR PRODUCTS INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90042 037 ***550.00

Principal Place of Business

4202 EAST FOWLER AVE. #30834
TAMPA FL 33620

Mailing Address

4202 EAST FOWLER AVE. #30834
TAMPA FL 33620

2. Principal Place of Business

100948 N 56th St.

3. Mailing Address

4202 E Fowler Ave.

Suite, Apt. #, etc.

201

Suite, Apt. #, etc.

30834

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3537338

Applied For

Not Applicable

Zip

33617

Country

USA

Zip

33620

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SNYDER, HEATHER
4202 EAST FOWLER AVE, #30834
TAMPA FL 33620

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P
NAME SNYDER, HEATHER
STREET ADDRESS 14240 42ND ST. N # 503A
CITY-ST-ZIP TAMPA FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Snyder, Heather
STREET ADDRESS 17721 Sunrise Dr
CITY-ST-ZIP Lutz, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-00

Date

813 980 3233

Daytime Phone #

CR2E034 (5/00)