


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91015 046 \*\*\*150.00

<b>DOCUMENT #</b> P99000018202	
<b>1. Entity Name</b> THERMA SNAP, INC.	

<b>Principal Place of Business</b> 2929 E COMMERCIAL PH-D FORT LAUDERDALE FL 33308	<b>Mailing Address</b> 2929 E COMMERCIAL PH-D FORT LAUDERDALE FL 33308
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 65-0896946	Applied For
	Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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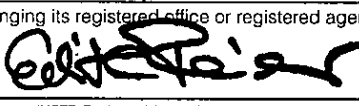
<b>6. Name and Address of Current Registered Agent</b>
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<b>7. Name and Address of New Registered Agent</b>
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Name Reiner, Edith M 2929 E COMMERCIAL PH-D FORT LAUDERDALE FL 33308
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Name Meimer, Edith M
Street Address (P.O. Box Number is Not Acceptable) 2929 E COMMERCIAL BLVD, PH-D
City FT. LAUDERDALE FL Zip Code 33308

**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.**

<b>SIGNATURE</b> Edith Reiner PSD		03/24/2003
Signature, typed or printed name of registered agent and title if applicable.		DATE

(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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

<b>10. OFFICERS AND DIRECTORS</b>
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<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AVEW, DAVID 2929 E COMMERCIAL PH-D FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Reiner, Edith M 2929 E Commercial Blvd, PH-D Ft. Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.**

<b>SIGNATURE:</b> 	Reiner, Edith M	03/24/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

CR2E034 (10/02)