

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90243 017 ***150.00

DOCUMENT # **P99000047818**

1. Entity Name
THE BEHR SNYDER GROUP, INC.

Principal Place of Business Mailing Address
1832 PANDORA DRIVE 1832 PANDORA DRIVE
SARASOTA FL 34231 SARASOTA FL 34231

2. Principal Place of Business 3. Mailing Address
7426 Loblolly Bay Trail 7426 Loblolly Bay Trail
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number **65-0922530** Applied For
Bradenton FL Bradenton FL Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required
34202 USA 34202 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BEHR, PAMELA S Name **same**
1832 PANDORA DR Street Address (P.O. Box Number is Not Acceptable)
SARASOTA FL 34231 **7426 Loblolly Bay Trail**
 City **Bradenton** FL **34202**

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 *Pamela S. Behr* DATE *4/19/01*
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. **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 NAME STREET ADDRESS CITY - ST - ZIP	P BEHR, MICK 1830 PANDORA DR SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BEHR, PAMELA 1832 PANDORA DR SARASOTA FL 34234 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Pamela S. Behr* *Pamela S. Behr* DATE *4/19/01* DAYTIME PHONE # *941 936-8833*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

UBR/501

CR2E034 (10/00)