

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2002 8:00 am**  
**Secretary of State**

03-15-2002 90025 039 \*\*\*150.00

**DOCUMENT # P99000047818**  
 1. Entity Name  
**THE BEHR SNYDER GROUP, INC.**

Principal Place of Business      Mailing Address  
**7426 LOBLOLLY BAY TRAIL**      **7426 LOBLOLLY BAY TRAIL**  
**BRADENTON FL 34202**      **BRADENTON FL 34202**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0922530**      Applied For  
 Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**BEHR, PAMELA S**  
**7426 LOBLOLLY BAY TRAIL**  
**BRADENTON FL 34202**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 \$150.00**  
**After May 1, 2002 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		<input type="checkbox"/> Delete
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>BEHR, MICK</b>	
STREET ADDRESS	<b>7426 LOBLOLLY BAY TR.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>BEHR, PAMELA</b>	
STREET ADDRESS	<b>7426 LOBLOLLY BAY TR.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>SNYDER, KENDALL</b>	
STREET ADDRESS	<b>7426 LOBLOLLY BAY TR.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>	
TITLE	<b>ST</b>	<input type="checkbox"/>
NAME	<b>SNYDER, CHRIS</b>	
STREET ADDRESS	<b>7426 LOBLOLLY BAY TR.</b>	
CITY-ST-ZIP	<b>BRADENTON FL 34202</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 the empowered.

SIGNATURE *Pamela Behr* **Pamela Behr**      3/3/02      941-826-8223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Daytime Phone #

CR2E034 (9/01)