

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **p99000088318**

1. Entity Name

S & N Management, Inc.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90016 042 ***150.00

Principal Place of Business

Mailing Address

1015 Hwy 1792 S.
Longwood FL 32750

SAME

2. Principal Place of Business

1015 Hwy 1792 S
Suite, Apt. #, etc.

3. Mailing Address

1015 Hwy 1792 S
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Longwood FL
Zip **32750** Country **USA**

City & State

Longwood FL
Zip **32750** Country **USA**

4. FEI Number

59-3605828

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEIL J Miller Jr
305 Sandpiper Dr.
Casselberry FL 32707

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

4/28/00

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, 2000 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

TITLE **PRESIDENT**
NAME **NEIL J Miller Jr**
STREET ADDRESS **305 Sandpiper Dr**
CITY-ST-ZIP **Casselberry FL 32707**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4-28-00

407-695-5831

CR2E034 (9/99)