

03 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P990000 88318*

1. Entity Name

*S+N Management Inc*



FILED

03 MAY 30 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

10102780

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

3. Mailing Address

*Same*  
Suite, Apt. #, etc.

City & State

*Longwood FL*

City & State

4. FEI Number

*59-3605828*

Applied For

Not Applicable

Zip

*32250*

Country

*Seminole*

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*NEIL MILLER*

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

*453 Wild Fox Dr.*

City

*Casselberry*

FL

Zip Code

*32707*

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.

SIGNATURE

*NEIL MILLER*  
*NEIL MILLER*

*4-29-03*  
DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*President*  
*NEIL MILLER*  
*453 Wild Fox Dr.*  
*Casselberry FL 32707*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*100020562721*  
*05/05/03--01010--026 \*\*150.00*

TITLE

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *NEIL MILLER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4-29-03*  
Date

*407 695-9044*  
Daytime Phone #

CR2E083B (12/02)