

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90735 035 \*\*\*150.00

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**DOCUMENT # P990000091053**

1. Entity Name  
**DEARYBURY DONUTS, INC.**



Principal Place of Business  
~~1801 US 41 BYPASS~~ **1801 S.T**  
~~VENICE FL 34293~~  
Mailing Address  
**PO BOX 60**  
**VENICE FL 34284**



2. Principal Place of Business  
**1801 S. TAMIA MI TR**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**VENICE**

City & State

4. FEI Number **65-0953967**

Applied For  
Not Applicable

Zip **FI** Country **SARASOTA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLORIDA INCORPORATORS, INC.**  
**1221 BRICKELL AVENUE SUITE 900**  
**MIAMI FL 33131**

Name **Andrew SNYDER**  
Street Address (P.O. Box Number is Not Acceptable)

**1801 S. TAMIA MI TRAIL**  
City **VENICE** **FL** Zip Code **34293**

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

*Andrew Snyder*

**4-29-03**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **D SNYDER, ANDREW**  
STREET ADDRESS **1004 WEST 5TH ST.**  
CITY-ST-ZIP **PORT CHARLOTTE FL 33981**  
☐ Delete

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

TITLE  
NAME **D SNYDER, MCLANIE**  
STREET ADDRESS **PO BOX 60**  
CITY-ST-ZIP **VENICE FL 34284**  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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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.

SIGNATURE:

*Andrew Snyder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-03** **716 4925**

Date

Daytime Phone #

CR2E034 (10/02)