## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P99000103523 SNELL REALTY GROUP, INC. 04-25-2000 90077 022 \*\*\*150.00 Mailing Address Principal Place of Business 3655 BONITA BEACH RD., UNIT 3 3655 BONITA BEACH RD., UNIT 3 BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 65-0973787 Country \$8.75\_Additional Zip Zip Country 5. Certificate of Status Desired -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SNELL, JERRY B Street Address (P.O. Box Number is Not Acceptable) 3655 BONITA BEACH RD., UNIT 3 **BONITA SPRINGS FL 34134** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE SNELL, JERRY B NAME NAME STREET ADDRESS STREET ADDRESS 3655 BONITA BEACH RD., UNIT 3 CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete Change Addition TITLE TITLE Snell, Linda B NAME STREET ADDRESS STREET ADDRESS 3655 BONITA BEACH RD., UNIT 3 CITY-ST-ZIP CITY-ST-7JP BONITA SPRINGS FL 34134 Change Addition ☐ Delete TITLE TITLE NAME NAME Rowe, William W. STREET ADDRESS STREET ADDRESS 1440 LaPetite Ct. CITY-ST-ZIP CITY-ST-ZIP Naples FL 34104 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 of 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

SIGNATURE: MA

STREET ADDRESS

STREET ADDRESS

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TITLE

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☐ Delete

☐ Change

Addition