

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106866

1. Entity Name

SNEAD HARVESTING, INC.

FILED

May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90055 048 \*\*\*158.75

Principal Place of Business

Mailing Address

~~912 N. 21ST STREET  
FT. PIERCE FL 34295~~

~~912 N. 21ST STREET  
FT. PIERCE FL 34295~~

2. Principal Place of Business

3207 Avenue D

3. Mailing Address

3207 Avenue D

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Fort Pierce, FL

4. FEI Number

59-3612273

Applied For

Not Applicable

Zip

34947

Country

St. Lucie

Zip

34947

Country

St. Lucie

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

Name

Henry L. Sneed

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

3207 Avenue D

City

Ft. Pierce

FL

Zip Code

34947

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

*Henry Sneed*

(NOTE: Registered Agent signature required when reinstating)

4/30/00

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME CLARK, DONNIE  
STREET ADDRESS 912 N. 21ST STREET  
CITY-ST-ZIP FT. PIERCE FL 34295

TITLE P/D ☐ Change ☒ Addition  
NAME Henry L. Sneed  
STREET ADDRESS 3207 Ave. D  
CITY-ST-ZIP Ft. Pierce, FL 34947

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 or other like empowered.

SIGNATURE:

*Henry Sneed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/00

Daytime Phone #

CR2E034 (9/99)