

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90324 006 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # V39905

1. Entity Name

SNAX 24, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1755 9<sup>th</sup> Street S.

Suite, Apt. #, etc.

3. Mailing Address

7345 Sand Lake Road

Suite, Apt. #, etc.

#412

DO NOT WRITE IN THIS SPACE

City &amp; State

St. Petersburg, Florida

City &amp; State

Orlando, Florida

4. FEI Number

59-3128169

Applied For

Not Applicable

Zip

33705

Country

USA

Zip

32819

Country

USA

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

7. Name and Address of Current Registered Agent

Name Saad Yasin

Street Address (P.O. Box Number is Not Acceptable)  
6215 S. Queensway Drive

City

Temple Terrace

FL

Zip Code  
33617DO NOT WRITE  
IN THIS SPACE

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☒  
 (See criteria on back)

January 1 - May 1: Fee is \$150.00  
 After May 1: Fee is \$550.00  
 Amended UBR is \$61.25  
 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 NAME STREET ADDRESS CITY - ST - ZIP	P Saad, Yasin 6215 S. Queensway Drive Temple Terrace, FL 33617	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE  
IN THIS SPACE

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 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 #

YASIN SAAD

5/1/02

727-894-7629

CR2E034B (12/01)