

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90223 038 ***150.00

DOCUMENT # V46828

1. Entity Name

SNYCO AND ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**3806 E CRAWFORD ST
TAMPA FL 33604
US**

**3806 E CRAWFORD ST
TAMPA FL 33674-8851
US**

000110003

2. Principal Place of Business

3. Mailing Address

1490 VIRGINIA LEE CIR.

1490 VIRGINIA LEE CIR.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BROOKSVILLE, FL

City & State

City & State

BROOKSVILLE, FL

4. FEI Number

59-3137824

Applied F

Not App

Zip

Country

Zip

Country

34602

HERNANDO

34602

HERNANDO

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

**LOWE, FREDERICK T
3825 HENDERSON BLVD #601A
TAMPA FL 33629**

Name

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

City

FL

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.

(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) ☒

**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 Added to F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SNYDER, HENRY LEE**
CITY-ST-ZIP **3806 E CRAWFORD ST
TAMPA FL**

TITLE ☐ Change ☐
NAME **PD**
STREET ADDRESS **SNYDER, HENRY LEE**
CITY-ST-ZIP **1490 VIRGINIA LEE CIR
BROOKSVILLE, FL 32604 341**

TITLE ☐ Delete
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TITLE ☐ Change ☐
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Henry Lee Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HENRY LEE SNYDER

FEB 01, 2000

Date

Daytime Phone #

**352
583-421**