

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90033 014 ***150.00

0630279 AB

DOCUMENT # F00000000607

1. Entity Name
SNOLINE EXPRESS, INC.

Principal Place of Business

Mailing Address

**303 ROEDEL AVE
 CALDWELL ID 83605**

**303 ROEDEL AVE
 CALDWELL ID 83605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

82-0435728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOND, WARREN
 1758 NW 82 AVE.,
 MIAMI FL 33196**

Name **TAVARES MILFORT**

Street Address (P.O. Box Number is Not Acceptable)
1758 NW 82nd AVE

City **MIAMI, FL** Zip Code **33196**

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 TAVARES MILFORT, TERMINAL MGR. DATE 2/8/02

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, 2002 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 ☐ Delete
 NAME **PCD**
 STREET ADDRESS **DIEBEL, EVA LON C**
 CITY-ST-ZIP **1130 ORCHARD LOOP ROAD
 TROY ID 83871**

TITLE ☒ Change ☐ Addition
 NAME **DIEBEL, EVA LON C**
 STREET ADDRESS **CHANGE**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **DIEBEL, E. BOYD**
 CITY-ST-ZIP **1130 ORCHARD LOOP ROAD
 TROY ID 83871**

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

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **HEITZMAN, RON**
 CITY-ST-ZIP **1130 ORCHARD LOOP ROAD
 TROY ID**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **BUTTS, EILEEN M**
 CITY-ST-ZIP **303 ROEDEL AVE
 CALDWELL ID 83605**

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
 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 all other like empowered.

SIGNATURE: EVA LON C. DIEBEL 208-453-2786
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-04-02

Daytime Phone #

CF2E034 (9/01)