

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90076 023 \*\*\*150.00

0672867 MB

**DOCUMENT # F00000000607**

1. Entity Name  
**SNOLINE EXPRESS, INC.**



Principal Place of Business  
**303 ROEDEL AVE  
CALDWELL ID 83605**

Mailing Address  
**303 ROEDEL AVE  
CALDWELL ID 83605**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **82-0435728**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILFORT, TAVARES  
1758 NW 82 AVE.,  
MIAMI FL 33196**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE TAVARES MILFORT, TERMINAL MGR. DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE **SEC.** ☐ Change ☒ Addition  
NAME **LIZA L. MORRIS**  
STREET ADDRESS **2074 N. SPRINGLAND PL.**  
CITY-ST-ZIP **BOISE ID 83743**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TREAS.** ☐ Change ☒ Addition  
NAME **BRENDA SANGSTER**  
STREET ADDRESS **515 S. LINDER**  
CITY-ST-ZIP **MERIDIAN, ID 83642**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA LOU C. DIEBEL (208) 453-2786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02-19-03**

Daytime Phone #

CR2E034 (10/02)