

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90093 046 \*\*\*150.00

0396373

**DOCUMENT # F00000001791**

1. Entity Name

**SNAP-TITE COMPONENTS, INC.**

Principal Place of Business

**2930 WEST 22ND STREET  
ERIE PA 16506**

Mailing Address

**2930 WEST 22ND STREET  
ERIE PA 16506**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **25-1150085**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE **P** ☐ Delete  
NAME **CLARK, JOHN S**  
STREET ADDRESS **1331 LEE ROAD**  
CITY-ST-ZIP **WATERFORD PA 16441**

TITLE **V** ☐ Delete  
NAME **CLARK, DAVID L**  
STREET ADDRESS **4500 OLD STATE ROAD**  
CITY-ST-ZIP **MCKEAN PA 16426**

TITLE **SD** ☐ Delete  
NAME **MARTIN, HARRY D**  
STREET ADDRESS **18 MARTINWOOD DRIVE**  
CITY-ST-ZIP **ERIE PA 16509**

TITLE **TD** ☐ Delete  
NAME **REJZER, EUGENE F**  
STREET ADDRESS **2038 ROUTE 97**  
CITY-ST-ZIP **WATERFORD PA 16441**

TITLE **CD** ☐ Delete  
NAME **CLARK, GEORGE A**  
STREET ADDRESS **126 BAYMIST DRIVE**  
CITY-ST-ZIP **ERIE PA 16505**

TITLE **D** ☐ Delete  
NAME **CLARK, GARY L**  
STREET ADDRESS **6053 VOLKMAN ROAD**  
CITY-ST-ZIP **ERIE PA 16506**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Change ☒ Addition  
NAME **BLAKE, DAVID W**  
STREET ADDRESS **1866 W LAKELAND DRIVE**  
CITY-ST-ZIP **FAIRVIEW, PA 16415**

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)