

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90139 003 ***550.00

0145674 AB

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-1150085**

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

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **P** ☐ Delete
NAME **CLARK, JOHN S**
STREET ADDRESS **1331 LEE ROAD**
CITY-ST-ZIP **WATERFORD PA 16441**

TITLE **P/CEO/COO/D** ☒ Change ☐ Addition
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 **V/D** ☒ Change ☐ Addition
NAME **Clark, Gary L**
STREET ADDRESS **6053 Volkman Road**
CITY-ST-ZIP **Erie, PA 16506**

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

TITLE **V** ☐ Change ☒ Addition
NAME **Ghaiy, Rajan**
STREET ADDRESS **5605 Bonaventure Dr**
CITY-ST-ZIP **Erie, PA 16505**

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

TITLE **V** ☐ Change ☒ Addition
NAME **Blake, David W**
STREET ADDRESS **1866 W Lakeland Dr**
CITY-ST-ZIP **Fairview, PA 16415**

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

TITLE **D** ☐ Change ☒ Addition
NAME **Clark, George P**
STREET ADDRESS **10902 Greenlee Road**
CITY-ST-ZIP **Waterford, PA 16441**

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

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EUGENE F. REJZER

9-5-03

814/860-5700

Date

Daytime Phone #

CR2E034 (4/03)