

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**  
 03-03-2002 90104 029 \*\*\*150.00

**DOCUMENT # F00000001792**

1. Entity Name  
**SNAP-TITE HOSE, INC.**

Principal Place of Business

**217 TITUSVILLE ROAD  
 UNION CITY PA 16438**

Mailing Address

**217 TITUSVILLE ROAD  
 UNION CITY PA 16438**

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

**25-1291186**

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, 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

TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARK, GRY L	
STREET ADDRESS	6053 VOLKMAN RD	
CITY-ST-ZIP	ERIE PA 16506	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARCOURT, ROBERT M	
STREET ADDRESS	1324 SOUTH SHORE DRIVE	
CITY-ST-ZIP	ERIE PA 16505	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, HARRY D	
STREET ADDRESS	18 MARTINWOOD DRIVE	
CITY-ST-ZIP	ERIE PA 16509	
TITLE	T	<input type="checkbox"/> Delete
NAME	REJZER, EUGENE F	
STREET ADDRESS	2038 ROUTE 97	
CITY-ST-ZIP	WATERFORD PA 16441	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CLARK, GEORGE A	
STREET ADDRESS	126 BAYMIST DRIVE	
CITY-ST-ZIP	ERIE PA 16505	
TITLE	D	<input checked="" type="checkbox"/> 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, JOHN S	
STREET ADDRESS	1331 LEE ROAD	
CITY-ST-ZIP	WATERFORD, PA 16441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eugene F. Rejzer*

2-19-02

Date

814/838-5700

Daytime Phone #

CR2E034 (9/01)