2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **F98000005655** May 02, 2000 8:00 am Secretary of State 1. Entity Name SNOWBOOT-TECH, INC. 05-02-2000 90021 046 ***150.00 Principal Place of Business Mailing Address 7100 W CAMINO REAL STE 110 7100 W CAMINO REAL STE 110 **BOCA RATON FL 33433-5510 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0676520 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRZYBOWSKI, PETER J Street Address (P.O. Box Number is Not Acceptable) 7100 W CAMINO REAL STE 110 **BOCA RATON FL 33433** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CP Change ☐ Addition TITLE TITLE ☐ Delete GERDY, HARVEY NAME NAME STREET ADDRESS 7850 VILLANVOA DRIVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE WOLF, MICHAEL NAME STREET ADDRESS STREET ADDRESS 22740 ELDORADO DRIVE CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP Change Addition SD ☐ Detete TITLE TITLE SEDLEY, JOEL NAMÉ STREET ADDRESS STREET ADDRESS 7876 MANDARIN DRIVE #1307 CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE GRZYBOWSKI, PETER J NAME NAME STREET ADDRESS STREET ADDRESS 7100 W CAMINO REAL STE 110 CITY-ST-ZIP CITY-ST-ZIF **BOCA RATON FL 33433** ☐ Change Addition TITLE ☐ Delete SATZ, LAWRENCE NAME NAME STREET ADDRESS 215 SOUTH MASON ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TOWN & COUNTRY MO 63141 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 an 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.

E OF SIGNING OFFICER OR DIRECTOR