

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J59690

1. Entity Name

SNOWCAP PRODUCTS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90058 029 ***150.00

Principal Place of Business

Mailing Address

RT 17 BROWN RD
BOX 166B UNIT 4
LAKE CITY FL 32055
US

RT 20 BOX 1092
LAKE CITY FL 32055-9323
US

2. Principal Place of Business

Road renamed

Mailing Address

N.W. TROTTERS AVE.

Suite, Apt. #, etc.

BOX 166B UNIT 4

Suite, Apt. #, etc.

City & State

LAKE CITY, FLORIDA 32055

City & State

4. FEI Number

59-2793305

Applied For

Not Applicable

Zip

32055

Country

COLUMBIA

Zip

Country

5. Certificate of Status Desired

☒ -

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAZELWOOD, JULIAN
RT 17 BROWN RD
BOX 166B UNIT 4
LAKE CITY FL 32055

Name

Street Address (P.O. Box Number is Not Acceptable)

N.W. TROTTERS AVE. Road renamed

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)

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAZELWOOD, JULIAN RT 20 BOX 1092 LAKE CITY FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAZELWOOD, ETHEL M. RT 20 BOX 1092 LAKE CITY FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

ETHEL M. HAZELWOOD S/T/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 APRIL 2000

Date

(904)752-7289

Daytime Phone #

CR2E034 (9/99)