

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001697

1. Entity Name

SNOWFLAKE HAVEN, LLC

Principal Place of Business

Mailing Address

619 SW WEBSTER  
TOPEKA KS 66606

619 SW WEBSTER  
TOPEKA KS 66606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 4916

Topeka, KS

66604

USA

4. FEI Number

48-6376089

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STARK, WILLIAM R

5975 TERRACE PARK DRIVE NORTH #310

ST PETERSBURG FL 33709

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
STARK, WILLIAM R  
619 SW WEBSTER  
TOPEKA KS 66606

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**  
**Sep 25, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90206 009 \*\*\*\*50.00

09-25-2002 90117 034 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (4/02)