2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M27823 1. Entity Name SNOW BUILDERS & DEVELOPMENT, INC.					Secretary of State 02-24-2002 90016 036 ***158.75			
Principal Place of Business Mailing Address 6730 BLUE BAY CIR 6730 BLUE BAY CIR LAKE WORTH FL 33467 US US								
2. Principal P 6791 Suite, Apt.	160 th Street		DO NOT WRITE IN THIS SPACE					
TREM	City & State TRENTON, FLORIDA Zip Country Zip Zip Country Zip			_	65-0036103			pplied For at Applicable
3269	3 Levy	32693	Country Levy	5.	Certificate of Status Des		ee Require	
	6. Name and Address of Current R	egistered Agent	NI	7.	Name and Address of	New Registered A	gent	
SNOW, G 6730 B LU LAKE-WO	Street A	SNOW, GARY W. Address (P.O. Box Number is Not Acceptable) 6791 NW 160 The et TRENTON FL Zip Code 32693						
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 plated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
Tax filing requirement and elects to do so. After May 1, 2			2 Fee will be \$550.00 e to Department of State		10. Election Campa Trust Fund Conf	· -		May Be to Fees
11.	OFFICERS AND D		12.		DDITIONS/CHANGES T	•		
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indicated	ertify that the information supplied with to on this report or supplemental report is t	rue and accurate and that my	signature shall h	ea in Section ave the same	e legal effect as if made i	under oath: that I ar	y macme in n an officer	or director

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.

GNATURE:

| SIGNATURE | AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #