FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 08, 2001 8:00 am DOCUMENT # P0000087011 **Secretary of State** 1. Entity Name SNOBOUND, INC. 03-08-2001 90078 029 \*\*\*150.00 Principal Place of Business Mailing Address 1301 POPPY AVE 1301 POPPY AVE PENSACOLA FL 32507 PENSACOLA FL 32507 C0032022 2. Principal Place of Business 3. Mailing Address 1301 POPTY 301 f DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For Not Applicable <u> 59-3670514</u> \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AVERY, JAMES R Street Address (P.O. Box Number is Not Acceptable) 1401 POPPY AVE PENSACOLA FL 32507 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) Delete TITLE TITLE Change KAREN L. MCCLURE MCCLURE, KENNETH H NAME NAME 1301 POPPY AVE STREET ADDRESS STREET ADDRESS 1301 POPPY AVE CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32507 PENSACOLA FL 32507 Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAMĒ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE TITLE ☐ Delete TITLE □1 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.