

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000007989**

1. Entity Name

SNOWBALL STUMP, INC.



FILED

03 APR 22 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1025 ROBERTS LANE

3. Mailing Address

SAME

Suite, Apt. #, etc.

KEY WEST, FL

Suite, Apt. #, etc.

City & State

33040

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1757125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **RICHARD M. KLITENICK, ESQ**

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

624 WHITEHEAD ST.

City **KEY WEST**

FL

Zip Code

33040

**DO NOT WRITE
IN THIS SPACE**

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, printed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHRISTOPHER SHULTZ 1025 ROBERTS LANE KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MICHAEL MARRERO 2201 SEIDENBERG AVE KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300012310493 05/08/03--01067--022 **150.00
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2003

305-844-0930

CR2E034B (12/02)

SNOWBALLSTUMP INC

February 7, 2003

Department of State Division of Corporations Corporate Filings

Dear Friend,

My corporation has been dissolved because of the non-payment of the Uniform Business Report (UBR.) With changing of address of my home offices over the past year I did not receive the notification letter of this process. This is my first year running a corporation and I did not know of these fees. My due apologies. I have enclosed a check for the \$150.00 filing fee. Thank you for your help and understanding in this matter.

Sincerely,



Christopher Shultz

Snowball Stump INC.