

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90067 044 ***158.75

DOCUMENT # P95000026745

1. Entity Name
SNOW PARK, INC.



Principal Place of Business
% WILLIAM W. STOELTZING
606 W. KENNEDY BLVD.
TAMPA FL 33606

Mailing Address
% WILLIAM W. STOELTZING
606 W. KENNEDY BLVD.
TAMPA FL 33606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3314433**

Applied For

Not Applicable

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

STOELTZING, WILLIAM W
606 W. KENNEDY BLVD.
TAMPA FL 33026

Name

Cecille Parido

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

606 W. Kennedy Blvd.

City

Tampa, FL

FL

Zip Code

33606

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 **Cecille Parido**
Signature, typed or printed name of registered agent and title if applicable.

Cecille Parido
(NOTE: Registered Agent Signature required when reinstating)

3-7-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **STOELTZING, WILLIAM W**
STREET ADDRESS **606 W KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FL 33026** ☒ Delete

TITLE **VP**
NAME **PARIDO, CECILLE**
STREET ADDRESS **606 W KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FL 33026** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE **P, T, S**
NAME **Cecille Parido**
STREET ADDRESS **606 W. Kennedy Blvd**
CITY-ST-ZIP **Tampa FL 33606** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cecille Parido**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3-7-03 813-829-7365**

CR2E034 (10/02)