

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State

08-27-2003 90076 044 ***150.00

0133676 AT

DOCUMENT # P95000048790

1. Entity Name
SNOWMAKER PRODUCTIONS, INC.



Principal Place of Business
**1635 DALE MABRY
LUTZ FL 33549
US**

Mailing Address
**PO BOX 1726
LUTZ FL 33548**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3320693**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STERNS, RANDY K
220 SOUTH FRANKLIN STREET
TAMPA FL 33602**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **PD** ☐ Delete
NAME **TIM PICKENS**
STREET ADDRESS **818 NEWBERGER RD.**
CITY-ST-ZIP **LUTZ FL 33549**

☒ Change ☐ Addition
NAME **PO BOX 1726**
STREET ADDRESS **LUTZ, FL 33548**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **DENISE MATTHYS**
STREET ADDRESS **1017 SYLVIA LN**
CITY-ST-ZIP **TAMPA FL 33613**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/03
Date

813 765-2676
Daytime Phone #

CR2E034 (4/03)

Attachment#

80141207

P9500048790



SNOWMAKER PRODUCTIONS, INC.

Phone/Fax: (813) 948-1717
Email: Snowmaker@Prodigy.net
www.Snowmaker.net

I DID NOT RELIEVE
MY UBR IN JAN. '03
I HAVE NEVER BEEN
LATE BEFORE & ALWAYS,
WHEN I HAD IT SENT IN
ON TIME.

THANKS
TIM PICKENS

813 765-2676

Let It Snow!