

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-06-2002 90174 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097344

1. Entity Name

ERIC SNOW INC.

DO NOT WRITE IN THIS SPACE

35239

2. Principal Place of Business

19248 Wood Sage Drive

3. Mailing Address

19248 Wood Sage Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3477411

Applied For

Not Applicable

Zip

33647

Country

U.S.

Zip

33647

Country

U.S.

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eric Snow

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

19248 Wood Sage Drive

City

Tampa

FL

Zip Code

33647

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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.

SIGNATURE

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

(NOTE: Registered Agent signature required when withdrawing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPresident
Eric Snow
19248 Wood Sage Dr
Tampa FL 33647TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02

Date

813.977-2043

Daytime Phone #

CR2E034B (12/01)