## · 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P97000103431 SNOW'S ENTERPRISES, INC. 03-02-2001 90050 047 \*\*\*150.00 Principal Place of Business Mailing Address 3214 EAST BAY DRIVE 3214 EAST BAY DRIVE HOLMES BEACH FL 34217 HOLMES BEACH FL 34217 2. Principal Place of Business 3. Mailing Address ar DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #\_etc. City & State City & State Applied For 4. FEI Number 65-0810309 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNOW, CHERYL A Street Address (P.O. Box Number is Not Acceptable) 3214 EAST BAY DRIVE HOLMES BEACH FL 34217 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) Change ■ Addition TITLE Delete TITLE SNOW, CHERYL A NAME NAME 6250 HOLMES BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP HOLMES BEACH FL 34217 Change Addition TITLE ☐ Delete TITLE NAME 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-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition 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 of troutee 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. SIGNATURE:

Daytimo Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR