

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004507

1. Entity Name  
J SNOW ENTERPRISE CORPORATION

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90323 014 \*\*\*150.00

Principal Place of Business

7014 CASTANEA DRIVE  
PORT RICHEY FL 34668

Mailing Address

7014 CASTANEA DRIVE  
PORT RICHEY FL 34668

2. Principal Place of Business

8533 Ridge Road  
Suite, Apt. #, etc.

3. Mailing Address

12023 Steppingstone Blvd.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

New Port Richey, FL.

City & State

Tampa, FL.

4. FEI Number

59-3486887

Applied For

Not Applicable

Zip

34654

Country

Zip

33635

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SNOW, TRACY R  
7014 CASTANEA DRIVE  
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

Snow, James F Jr.

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

12023 Steppingstone Blvd.

City

Tampa

FL

Zip Code

33635

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 reinstalling)

DATE

18 April 2001

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	P	NAME	SNOW, JAMES F JR	<input type="checkbox"/> Delete
STREET ADDRESS			7014 CASTANEA DR	
CITY-ST-ZIP			P.R. FL 34668	
TITLE	VP	NAME	SNOW, DAWN	<input type="checkbox"/> Delete
STREET ADDRESS			7014 CASTANEA DR.	
CITY-ST-ZIP			P.R. FL 34668	
TITLE	ST	NAME	SNOW, TRACEY R	<input type="checkbox"/> Delete
STREET ADDRESS			7014 CASTANEA DR.	
CITY-ST-ZIP			P.R. FL 34668	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	Snow, James F Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			12023 Steppingstone Blvd.	
CITY-ST-ZIP			Tampa, FL. 33635	
TITLE	VP	NAME	Snow, Dawn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			12023 Steppingstone Blvd.	
CITY-ST-ZIP			Tampa, FL. 33635	
TITLE	ST	NAME	Shuman, Tracey R	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			7014 Castanea Dr.	
CITY-ST-ZIP			P.R., FL 34668	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
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)(j), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 April 2001

Date

813-818-9313

Daytime Phone #

CR2E034 (10/00)