

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000017039

1. Entity Name
SNOW TRANSPORT INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90031 015 ***150.00

Principal Place of Business
9302 E MARTIN LUTHER KING JR. BLVD. #717
TAMPA FL 33610

Mailing Address
9302 E MARTIN LUTHER KING JR. BLVD. #717
TAMPA FL 33610



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1045 Harden Ct.
Suite, Apt. #, etc.

3. Mailing Address
1045 Harden Ct.
Suite, Apt. #, etc.

City & State
Lakeland, FLORIDA

City & State
LAKEZLAND, FLORIDA

Zip
33813

Country
USA

Zip
33813

Country
USA

4. FEI Number 59-3495459

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

SHAW, SUSAN K
9302 E MARTIN LUTHER KING JR. BLVD, #717
TAMPA FL 33610

Name
Street Address (P.O. Box Number is Not Acceptable)
1045 Harden Ct
City Lakeland FL Zip Code 33813

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 *Susan Shaw* SUSAN K. SHAW DATE 04-26-00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAW, SUSAN K 9302 E MARTIN LUTHER KING JR. BLVD, #717 TAMPA FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSSLEY, WILLIAM R 9302 E MARTIN LUTHER KING JR. BLVD, #717 TAMPA FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *William R Crossley* 04-26-00 863-602-5947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)