

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014358

1. Entity Name
SNO-BIRD PROPERTIES INC.

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90294 013 ***150.00

Principal Place of Business

C/O CHRISTOPHER J LITTLEFIELD
10 PRINCE STREET
CUMBERLAND ME 04021

Mailing Address

C/O CHRISTOPHER J LITTLEFIELD
10 PRINCE STREET
CUMBERLAND ME 04021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0523798

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

ANDERSON, JAMES C
450-B MANDALAY AVE
CLEARWATER FL 34630

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.

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS LITTLEFIELD, CHRISTOPHER
CITY-ST-ZIP 10 PRINCE STREET
CUMBERLAND ME 04021

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS LITTLEFIELD, DONALD
CITY-ST-ZIP 63 DEANE STREET
PORTLAND ME 04102

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

TITLE ☐ Delete
NAME S
STREET ADDRESS CHICK, MARY
CITY-ST-ZIP 75 BROOK ROAD
PORTLAND ME 04103

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

TITLE ☐ Delete
NAME T
STREET ADDRESS LITTLEFIELD, PATRICIA
CITY-ST-ZIP 33 HAWTHORNE STREET
PORTLAND ME 04103

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BOURGUE, PHILIP
CITY-ST-ZIP 36 BETTLEWOOD ROAD
MARLOW NJ 18153

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

TITLE ☐ Delete
NAME D
STREET ADDRESS LITTLEFIELD, GEORGE W
CITY-ST-ZIP 45 EASTERN PROMENADE
PORTLAND ME 04101

TITLE ☐ Change ☐ Addition
NAME
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)(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:

Christopher J Littlefield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/02

207-829-5182

Date

Daytime Phone #

CR2E034 (9/01)