

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90092 009 ***150.00

DOCUMENT # P99000014358

1. Entity Name
SNO-BIRD PROPERTIES INC.



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**

☐ CHECK HERE IF MAKING CHANGES

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 *Christopher J Littlefield*
Street Address (P.O. Box Number is Not Acceptable) *673 Bay Esplanade, #201*
City *Clearwater Beach* **FL** *33765*

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. I am familiar with, and accept the obligations of registered agent.

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

DATE *3/3/03*

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christopher J Littlefield* *Christopher J Littlefield* *3/3/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (10/02)