

# 2000 UNIFORM BUSINESS REPORT (UBR)

44/1

DOCUMENT # P99000071054

1. Entity Name

ARCTIC SNO CO. INC.

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90020 026 \*\*\*150.00

Principal Place of Business 1250 GARDEN ST. TITUSVILLE FL 32780	Mailing Address 1250 GARDEN ST. TITUSVILLE FL 32796-3311
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE  
59-358305V

4. FEI Number <del>15-81-057650-0712</del> ON BOTTOM	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
  
MACKIN, KERRI  
255 AVILEZ BLVD.  
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent  
  
Name LOUIS VENUTI  
Street Address (P.O. Box Number is Not Acceptable)  
131 B HARRISON ST  
City TITUSVILLE FL Zip Code 32780

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 Louis Venuti LOUIS VENUTI DATE 2-16-00  
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent's 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CHRISTINE MONDELLO 2917 JASMINE STREET TITUSVILLE, FL 32796 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MANUEL S RODRIGUES JR 2950 DAIRY ROAD TITUSVILLE, FL 32796 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & TREASURER KERRI M. MACKIN 2950 DAIRY ROAD TITUSVILLE FL 32796 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Christine Mondello DATE 2-25-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

