

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19322

1. Entity Name

SNOW BIRD DEVELOPMENTS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90083 020 ***150.00

Principal Place of Business

Mailing Address

30 INLET HARBOR RD
UNIT 106
PONCE INLET FL 32127

87 LAKE ST.
GRIMSBY ONTARIO CANADA L3M2G

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 **98-0115252**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PETERSON, SID C JR.
418 CANAL ST
NEW SMYRNA BEACH FL 32168~~

Name CAROLE ZMENAK
Street Address (P.O. Box Number is Not Acceptable) 87 LAKE ST 5455 Jaeger Rd
City GRIMSBY ONT CAN Zip Code L3M2G6

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 Carole Zmenak
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE Jan 17 / 2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ZMENAK, CAROLE	
STREET ADDRESS	87 LAKE ST	
CITY-ST-ZIP	GRIMSBY ONTARIO	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZMENAK, EMIL	
STREET ADDRESS	87 LAKE ST	
CITY-ST-ZIP	GRIMSBY ONTARIO	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZMENAK, EMIL JR.	
STREET ADDRESS	87 LAKE ST	
CITY-ST-ZIP	GRIMSBY ONTARIO	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZMENAK, DONNA L	
STREET ADDRESS	87 LAKE ST	
CITY-ST-ZIP	GRIMSBY ONTARIO	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZMENAK, SUZANNE	
STREET ADDRESS	87 LAKE ST	
CITY-ST-ZIP	GRIMSBY ONTARIO	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 17 / 2000
Date

905-945-9050
Daytime Phone #

CR2E034 (9/99)