

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90361 011 ***150.00

DOCUMENT # S96931

1. Entity Name

SNO 2 GO, INC.

Principal Place of Business

**150 BURBANK ROAD
 SUITE 4
 OLDSMAR FL 34677**

Mailing Address

**150 BURBANK ROAD
 SUITE 4
 OLDSMAR FL 33626-3025**

2. Principal Place of Business

14601 Mc CORMICK DRIVE

3. Mailing Address

14601 Mc CORMICK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3095330

Applied For

Not Applicable

Zip

33626

Country

USA

Zip

33624

Country

USA

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

**KERSTING, JOHN
 150 BURBANK ROAD
 SUITE 4
 OLDSMAR FL 34677**

Name

Street Address (P.O. Box Number is Not Acceptable)

14601 Mc CORMICK DRIVE

City

TAMPA

FL

Zip Code

33626

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

[Handwritten 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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPT	KERSTING, JOHN	150 BURBANK RD., #4	OLDSMAR FL	<input type="checkbox"/>
D	SPAUNAGLE, MARVIN	150 BURBANK RD., #4	OLDSMAR FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		14601 Mc CORMICK DRIVE	TAMPA, FL 33626	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		14601 Mc CORMICK DRIVE	TAMPA, FL 33626	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

813-855-4871

Daytime Phone #

CR2E034 (9/99)