2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V27533 May 17, 2000 8:00 am Secretary of State SNOW CONSTRUCTION, INC. 05-17-2000 90954 048 ***150.00 Principal Place of Business Mailing Address 25 E. 17TH ST. 25 E. 17TH ST. ST. CLOUD FL 34769 ST. CLOUD FL 34769-4758 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3130802 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROSS, C. N., JR. Street Address (P.O. Box Number is Not Acceptable) 25 E. 17TH ST. ST. CLOUD FL 34769 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Change TITLE ☐ Delete GROSS, C. N., JR. NAME NAME STREET ADDRESS 1845 COTSWOLD STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE GROSS, C. N., III NAME STREET ADDRESS STREET ADDRESS 1776 LEE JANZEN DRIVE CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL ☐ Change ☐ Addition TITLE~ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZJP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information erfort 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information suppl indicated on this report or supplemental of the corporation or the receiver or trust changed or on an attachment with a part of the corporation or the receiver of the corporation of th changed, or on an attachmen ress, with all other like empowered. **SIGNATURE:**