

1/19/01-90

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2001 8:00 am Secretary of State

01-19-2001 90019 035 ***150.00

DOCUMENT # P00000026811

1. Entity Name: SPOIL INVESTMENTS, INC.

CHK # 11/8/01 \$150.

Principal Place of Business: 1220 JIMMY ANN DR. DAYTONA BEACH FL 32117

Mailing Address: 1220 JIMMY ANN DR. DAYTONA BEACH FL 32117



DO NOT WRITE IN THIS SPACE

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: 59-3630728 Applied For Not Applicable

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

OLI, PAMELA 1220 JIMMY ANN DR. DAYTONA BEACH FL 32117

Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. (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. (See criteria on back) [X]

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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

Table with 6 rows for Officers and Directors. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, Delete checkbox.

Table with 6 rows for Additions/Changes. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, Change checkbox, Addition 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...

SIGNATURE: [Handwritten Signature]

Date: 1/8/01 Daytime Phone #

CR2E034 (10/00)