

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 486214

1. Entity Name

SPICE WORLD, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91117 032 ***150.00

0067232

Principal Place of Business

8101 PRESIDENT'S DR.
ORLANDO FL 32809

Mailing Address

8101 PRESIDENT'S DR.
ORLANDO FL 32809

00040073

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 59-1630843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANEZA, GARY
8101 PRESIDENTS DR.
ORLANDO FL 32809

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) ☐

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CANEZA, ANDREW P 203 MAGNOLIA LAKE DR. LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITSON, SUSAN C. 605 SMOKE RISE BLVD. LONGWOOD FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANEZA, GARY R 618 SWEETWATER COVE BLVD S. LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANEZA, ANDREW R 950 SWEETWATER COVE BLVD. LONGWOOD FL 32779	<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"/> 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	PRESIDENT CANEZA, GARY R. 1318 BRIERCLIFF DR ORLANDO, FL. 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CANEZA, ANDREW R. 950 SWEETWATER CLUB DR. LONGWOOD, FL. 32779	<input checked="" 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY R. CANEZA President 4/25/01

Date

407-851-9432

Daytime Phone #

CR2E034 (10/00)