

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 601076

1. Entity Name

SPIELVOGEL AND GOLDMAN, P.A.



FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90072 018 ***150.00

Principal Place of Business

101 SOUTH COURTENAY PARKWAY
SUITE 201
MERRITT ISLAND FL 32954-8366
US

Mailing Address

101 SOUTH COURTENAY PARKWAY
SUITE 201
MERRITT ISLAND FL 32954-8366
US

2. Principal Place of Business

4275 Hillview Cir

3. Mailing Address

c/o John G. Estock

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9800 Fourth St., N., Ste 300

City & State

Merritt Island FL

City & State

St. Petersburg FL

Zip

32952

Country

Zip

33702

Country

4. FEI Number

59-1263736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SPIELVOGEL, LEONARD

101 S COURTENAY PARKWAY
MERRITT ISLAND FL 32952

Name

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

4275 Hillview Cir

City

Merritt Island

FL

Zip Code
32952

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/13/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SPIELVOGEL, LEONARD ☐ Delete
STREET ADDRESS 101 S. COURTENAY PKWY.
CITY-ST-ZIP MERRITT ISLAND FL

TITLE D
NAME GOLDMAN, PAUL M ☐ Delete
STREET ADDRESS 101 S. COURTENAY PKWY.
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ST
NAME GOLDMAN, PAUL M ☐ Delete
STREET ADDRESS 101 S. COURTENAY PKWY.
CITY-ST-ZIP MERRITT ISLAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4275 Hillview Cir.
CITY-ST-ZIP Merritt Island FL 32952

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8240 Devereux Dr., #100
CITY-ST-ZIP Melbourne FL 32940

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8240 Devereux Dr., #100
CITY-ST-ZIP Melbourne FL 32940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

Date

Daytime Phone #

CR2E034 (10/02)