

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90244 015 ***150.00

DOCUMENT # F00000005768

1. Entity Name
SPINSIT.COM, INC.

| | |
|--|--|
| Principal Place of Business 4975 BONITA SPRINGS RD., #101 BONITA SPRINGS FL 34134 | Mailing Address 4975 BONITA SPRINGS RD., #101 BONITA SPRINGS FL 34134 |
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|--|---|
| 2. Principal Place of Business 600 Brickell Avenue Suite, Apt. #, etc. Suite 300K City & State Miami FL Zip 33131 Country USA | 3. Mailing Address 600 Brickell Avenue Suite, Apt. #, etc. Suite 300K City & State Miami, FL Zip 33131 Country USA |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 91-2074119 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
VERNON, ROBERT A
4975 BONITA BEACH RD., #101
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
600 Brickell Avenue
Suite 300K
 City
Miami FL Zip Code
33131

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 **CEO/PRES.** DATE **2/13/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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 | |
|--|---------------------------------|
| TITLE PCDT | <input type="checkbox"/> Delete |
| NAME VERNON, ROBERT A | |
| STREET ADDRESS 4975 BONITA BEACH RD., #101 | |
| CITY-ST-ZIP BONITA SPRINGS FL | |
| TITLE VSD | <input type="checkbox"/> Delete |
| NAME REALE, BRIAN | |
| STREET ADDRESS 5304 VENTURA DRIVE | |
| CITY-ST-ZIP DELRAY BEACH FL | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE PCDT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME VERNON, ROBERT A. | |
| STREET ADDRESS 1541 Brickell Avenue, Apt. 405 | |
| CITY-ST-ZIP Miami, FL 33129 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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: DATE **5/1/01** DAYTIME PHONE # **305-381-6223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)