

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004749

1. Entity Name

SPIPAL, INC.

FILED

00 OCT -6 PM 12:52

Principal Place of Business

155 TOWN & COUNTRY DR  
PALATKA FL 32177  
US

Mailing Address

2542 WILLIAMS BLVD  
KENNER LA 70062  
USSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A0076269



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

111-205 Town &amp; Country Dr.

3. Mailing Address

2542 Williams Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attention: Legal Department

City &amp; State

Palatka, FL

City &amp; State

Kenner, LA

4. FEI Number

72-1252177

Applied For

Not Applicable

Zip

32177

Country

USA

Zip

70062

Country

USA

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD ☐ Delete  
NAME LASSEN, SIDNEY W  
STREET ADDRESS 2542 WILLIAMS BLVD.  
CITY-ST-ZIP KENNER LA 70062TITLE VP ☐ Delete  
NAME THOMAS A. MASILLA, JR.  
STREET ADDRESS 2542 WILLIAMS BLVD.  
CITY-ST-ZIP KENNER LATITLE ST ☒ Delete  
NAME DAVID A. O'FLYNN, JR.  
STREET ADDRESS 2542 WILLIAMS BLVD.  
CITY-ST-ZIP KENNER LATITLE VP ☐ Delete  
NAME BRODIE, JAMES W.  
STREET ADDRESS 2542 WILLIAMS BLVD  
CITY-ST-ZIP KENNER LA 70062TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE V/S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE V/Asst. S ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T ☐ Change ☒ Addition  
NAME Whelan, Robert A.  
STREET ADDRESS 2542 Williams Blvd.  
CITY-ST-ZIP Kenner, LA 700623TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. BRODIE, V.P.

9/5/00

Date

504-411-6200

Daytime Phone #

September 28, 2000

Attn: Ms. Ashton  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314-6327

**Re:** *Spipal, Inc.*  
**Document Number:** *F93000004749*

Dear Madam/Sir:

Enclosed please find the 2000 Uniform Business Report for the above referenced entity.

The original form for this entity was never received from the Florida Department of State, Division of Corporations.

When this document was not received, I contacted your office and was advised to request a blank form. The form was requested and was in the process of being prepared when the enclosed preprinted form was received. This preprinted form has been duly executed.

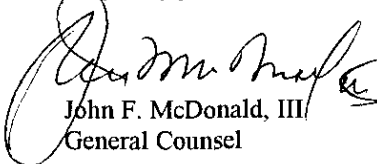
Attached to the form is a copy of the check which was presented for payment in the amount of \$158.75 representing the original required fee of \$150.00 and the additional fee of \$8.75 for a Certificate of Status.

Due to the fact that the original form was not delivered to our office and there was a delay in obtaining new forms, I would request that you waive any penalties and allow this form to be filed with the original filing fees presented.

Your assistance and cooperation in this matter would be greatly appreciated. If you have any questions, please do not hesitate to call.

With kind regards, I remain

Very truly yours,

  
John F. McDonald, III  
General Counsel

JFMII/at

Enclosures

**CERTIFIED MAIL #: P943705151**

AREA CODE 504 - 471-6200

NEW ORLEANS

2542 WILLIAMS BOULEVARD - KENNER, LOUISIANA 70062-5596

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