

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 8:00 am
Secretary of State**

02-27-2001 90339 031 ***158.75

DOCUMENT # F93000004749**1. Entity Name**
SPIPAL, INC.**Principal Place of Business**
111-205 TOWN & COUNTRY DR.
PALATKA FL 32177
US**Mailing Address**
2542 WILLIAMS BLVD
ATTN: LEGAL DEPARTMENT
KENNER LA 70062
US**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 72-1252177

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****CORPORATION SERVICE COMPANY**
1201 HAYS ST.
TALLAHASSEE FL 32301

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** PD ☐ Delete
NAME LASSEN, SIDNEY W
STREET ADDRESS 2542 WILLIAMS BLVD.
CITY-ST-ZIP KENNER LA 70062**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VS ☐ Delete
NAME THOMAS A. MASILLA, JR.
STREET ADDRESS 2542 WILLIAMS BLVD.
CITY-ST-ZIP KENNER LA**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** T ☐ Delete
NAME WHELAN, ROBERT A
STREET ADDRESS 2542 WILLIAMS BLVD.
CITY-ST-ZIP KENNER LA**TITLE** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VAS ☐ Delete
NAME BRODIE, JAMES W.
STREET ADDRESS 2542 WILLIAMS BLVD
CITY-ST-ZIP KENNER LA 70062**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ 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.****James W. Brodie, Vice President****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2001

Date

(504) 471-6200

Daytime Phone #

CR2E034 (10/00)