

2000 UNIFORM BUSINESS REPORT (UBR)

9/12/00-90234-028-\$158.75-\$158.75

192

DOCUMENT # F93000005557

1. Entity Name
SPILAKE, INC.

FILED

00 OCT -6 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
A0076273



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business 2819 N OAKLAND FOREST DR OAKLAND PARK FL 33309 US | Mailing Address 2542 WILLIAMS BLVD. KENNER LA 70062 |
|--|---|

| | |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address 2542 Williams Boulevard |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Attention: Legal Department |
| City & State | City & State Kenner, LA 70062 |
| Zip | Country |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 72-1264360 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|---|
| 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 |
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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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$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 | DP LASSEN, SIDNEY W 2542 WILLIAMS BLVD. KENNER LA 70062 <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 | V THOMAS A. MASILLA, JR. 2542 WILLIAMS BLVD. KENNER LA <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BRODIE, JAMES W 2542 WILLIAMS BLVD. KENNER LA 70062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/Asst. S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST DAVID A. O'FLYNN, JR. 2542 WILLIAMS BLVD. KENNER LA <input checked="" 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Whelan, Robert A. 2542 Williams Blvd. Kenner, LA 70062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 |

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: JAMES W. BRODIE, V.P. REQUIRED
Date: 9/5/00 Daytime Phone #: 904-471-6200

September 28, 2000

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

Re: *Spilake, Inc.*
Document Number: *F93000005557*

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.

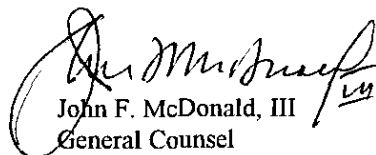
Attached to the form is a copy of the check which was presented for payment in the amount of \$158.75 representing the original required fee of \$150.00 and the additional fee of \$8.75 for a Certificate of Status.

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 #: P943705146

AREA CODE 504 - 471-6200

NEW ORLEANS

2542 WILLIAMS BOULEVARD - KENNER, LOUISIANA 70062-5596

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