

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000004666**

1. Entity Name

SPINN-IT CORPORATION**FILED**
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90139 016 ***150.00

Principal Place of Business

Mailing Address

**2400 HWY. 92 EAST
LAKELAND FL 33801-2648
US****P.O. BOX 3179
ORMOND BEACH FL 32175-3179**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OKLAHOMA CITY, OK

Zip

Country

Zip

Country

73189-2034**USA**

4. FEI Number

64-0758511

Applied For

Not Applied

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

**KNIGHT, JOE A
120 S. OCEAN AIRE TERRACE
ORMOND BEACH FL 32176**Name **DENNIS H. HEWITT**

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

5417 SOUTH FLORIDA AVENUECity **LAKELAND**

FL

Zip Code **33813-25**

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

Dennis H. Hewitt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-009. 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May ~
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
KNIGHT, JOE
120 S. OCEAN AIRE TERRACE
ORMOND BEACH FL 32176** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2428 S.W. 94TH STREET
OKLAHOMA CITY, OK 73159** ☒ Change ☐ AddressTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joe A. Knight*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00 (405)-378-62

Date

Daytime Phone #