

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90115 007 ***150.00

DOCUMENT # F97000006399

1. Entity Name
GZ SPADA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~4520 GOLF CLUB LANE~~
 BROOKSVILLE FL 34609
 US

Mailing Address

~~4520 GOLF CLUB LANE~~
 BROOKSVILLE FL 34609
 US

2. Principal Place of Business

12494 Winston Ct
 Suite, Apt. #, etc.

3. Mailing Address

12494 Winston Ct
 Suite, Apt. #, etc.

City & State
~~Brooksville FL~~

Zip
34609

Country
USA

City & State
~~Brooksville FL~~

Zip
34609

Country
USA

4. FEI Number *14-1792077*

Applied For
 Not-Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZINSER SPADA, GAIL S
~~4520 GOLF CLUB LANE~~
 BROOKSVILLE FL 34609

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
12494 Winston Ct
 City *Brooksville* FL Zip Code *34609*

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 *Gail Spada* *Gail Spada*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

2/26/02
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, 2002 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	CPT <input type="checkbox"/> Delete
NAME	ZINSER SPADA, GAIL S
STREET ADDRESS	4520 GOLF CLUB LANE
CITY-ST-ZIP	BROOKSVILLE FL 34605
TITLE	VCVS <input type="checkbox"/> Delete
NAME	SPADA, ANTHONY
STREET ADDRESS	4520 GOLF CLUB LANE
CITY-ST-ZIP	BROOKSVILLE FL 34609
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12494 Winston Ct
STREET ADDRESS	12494 Winston Ct
CITY-ST-ZIP	12494 Winston Ct
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12494 Winston Ct
STREET ADDRESS	12494 Winston Ct
CITY-ST-ZIP	12494 Winston Ct
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: *Gail Zinser Spada* **SIGNED Gail Zinser Spada** *2/26/02* *683 8767*
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/01)