## 2000 UNIFORM BUSINESS REPORT (UBR)

Page 1012

(2/00)

CR2E034

DOCUMENT # F9900004361 FILED 1. Entity Name SPIRIT HALLOWEEN SUPERSTORES, INC. 00 NOV 16 AM 11: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 6826 BLACK HORSE PIKE. SUITE 205 6826 BLACK HORSE PIKE. SUITE 205 EGG HARBOR TOWNSHIP NJ 08234 EGG HARBOR TOWNSHIP NJ 08234 ATT: Howard Presnall 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 94-2922492 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CD 30000349320°\$-<sup>\_\_</sup> TITLE ☐ Delete NAME HACALA, JOHN P NAME -12/11/00--01032--012 6826 BLACK HORSE PIKE, SUITE 205 STREET ADDRESS STREET ADDRESS \*\*\*1500.00 \*\*\*\*750.00 CITY-ST-ZIP CITY-ST-ZIP EGG HARBOR TOWNSHIP NJ 08234 TITLE Change ☐ Addition ☐ Delete CAREY, GENE E NAME NAME 6826 BLACK HORSE PIKE, SUITE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EGG HARBOR TOWNSHIP NJ 08234 ☐ Delete TITLE MOULTON, GREGORY T NAME NAME 6826 BLACK HORSE PIKE, SUITE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EGG HARBOR TOWNSHIP NJ 08234 CITY-ST-ZIF □ Change ☐ Addition ☐ Delete TITLE MANGEL, RONALD NAME NAME STREET ADDRESS STREET ADDRESS 6826 BLACK HORSE PIKE, SUITE 205 CITY-ST-ZIP EGG HARBOR TOWNSHIP NJ 08234 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(1), 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Date Daytime Phone #

Change

☐ Addition

page 222

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					DO NOT WRITE IN THIS SPACE  4. FEI Number 94-2922492 Applied For Not Applicable N		
		Zip Country		Zip Country			
	Name and Address of Current	Registered Agent	-	Nama	7. Name and Ad	ldress of New Register	ad Agent /
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name Sireer Address (P.O. 6ox Number is Nor Acceptable)			
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SIGNATURE:

SHAWARD THE PRINTED MAINS OF SKINNING OFFICER OR DIRECTOR