

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90053 049 ***150.00

DOCUMENT # K86072

1. Entity Name

JOSEPH G. SPITZ, P.A.

Principal Place of Business

Mailing Address

~~1601 MARINA ISLE WAY~~
~~402~~
JUPITER FL 33477
US

~~4300 S US 1~~
~~203 260~~
~~JUPITER FL 33477-1198~~
US

2. Principal Place of Business

3. Mailing Address

190 HoneySuckle DR
 Suite, Apt. #, etc.

190 HoneySuckle DR
 Suite, Apt. #, etc.

City & State

City & State

JUPITER, FL

Jupiter, FL

4. FEI Number

65-0117684

Applied For

Not Applicable

Zip
33458

Country
~~USA~~
USA

Zip
33458

Country
USA

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

SPITZ, JOSEPH
~~1601 MARINA ISLE WAY~~
~~402~~
~~JUPITER FL 33477~~

Name **SPITZ, JOSEPH G.**
 Street Address (P.O. Box Number is Not Acceptable)
190 HoneySuckle DR
 City **Jupiter** FL Zip Code **33458**

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 *Joseph G. Spitz* **Joseph G. Spitz** **4/17/00**
Signature, typed or printed name of registered agent and (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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SPITZ, JOSEPH, G	1601 MARINA ISLE WAY 402	JUPITER FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	SPITZ, JOSEPH G	190 HoneySuckle DRIVE	JUPITER FL 33458	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Joseph G. Spitz* **Joseph G. Spitz, Pres** **4/17/00** **561-758-8034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)