

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90054 031 ***150.00

DOCUMENT # K86072

1. Entity Name
JOSEPH G. SPITZ, P.A.

Principal Place of Business Mailing Address
~~190 HONEYSUCKLE DR~~ ~~190 HONEYSUCKLE DR~~
~~JUPITER FL 33458~~ ~~JUPITER FL 33458~~
~~US~~ ~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
7410 S US Hwy 1 **7410 S US Hwy 1**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
STE 307 **STE 307**
 City & State City & State
PORT ST. LUCIE, FL **PORT ST. LUCIE, FL**
 Zip Country Zip Country
34962 **USA** **34952** **USA**

4. FEI Number Applied For
65-0117684 Not Applicable

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
~~190 HONEYSUCKLE DR~~
~~JUPITER FL 33458~~

Name **Joseph G. Spitz**
 Street Address (P.O. Box Number is Not Acceptable)
7410 S US Hwy 1
STE 307
 City **PORT ST. LUCIE** FL Zip Code **34952**

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** **4/17/2001**
Signature, typed or printed name of registered agent and title, 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, 2001 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	PD SPITZ, JOSEPH, G 190 HONEYSUCKLE DR JUPITER FL 33458 <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	<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	<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	<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	<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	<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: *Joseph G. Spitz* **Joseph G. Spitz, Pres** **4/17/01** **561-340-2727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)