

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K86072

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

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

04-24-2001 90054 031 ***150.00

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

7410 S US Hwy 1

3. Mailing Address

7410 S US Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 307

STE 307

City & State

PORT ST. LUCIE, FL

City & State

PORT ST. LUCIE, FL

Zip

Country

34962 USA

Zip

Country

34952 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0117684

Applied For

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

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

4/17/2001

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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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
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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, Pres 4/17/01 561-340-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)