

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K98494

1. Entity Name
WIL A. SPAUL, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90157 039 ***550.00

Principal Place of Business

% WILBUR A. SPAUL
~~1721 SE 41ST ST, Suite 361~~
~~CAPE CORAL FL 33904~~ 1126 S. Federal Hwy
FT. LAUDERDALE, FL 33316

Mailing Address

40 Lois McCarthy
~~1721 SE 41ST ST~~ McCarthy, Valencia, FL
~~CAPE CORAL 33904~~ Suite B
2124 West Kennedy Blvd
TAMPA, FL 33606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

STATE OF FLORIDA

Suite, Apt. #, etc.

1126 S. Federal Hwy

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

59-2957780

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 361, 1126 S. Federal Hwy

City

FT. LAUDERDALE

FL

Zip Code

33316

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

WILBUR A. SPAUL, President (WILBUR A. SPAUL)

20 July 2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS SPAUL, WILBUR
CITY-ST-ZIP 1721 SE 41ST STREET Suite 361, 1126 S. Federal Hwy
CAPE CORAL FL 33904 FT. LAUDERDALE, FL 33316

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

WILBUR A. SPAUL, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILBUR A. SPAUL

Date

20 July 2000

Daytime Phone #

809-761-2094