

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90249 049 ***150.00

DOCUMENT # K98494

1. Entity Name
WIL A. SPAUL, INC.



Principal Place of Business
% WILBUR A. SPAUL
1126 S FEDERAL HWY. STE 361
FORT LAUDERDALE FL 33316
US

Mailing Address
C/O LOIS MCCATHY
2124 WEST KENNEDY BLVD. STE B
TAMPA FL 33606

90002251



2. Principal Place of Business
15350 Amberly Drive
Suite, Apt. #, etc.
Apt. 2214

3. Mailing Address
Same
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

City & State

4. FEI Number **59-2957780**

Applied For
Not Applicable

Zip Country
33647 Hillsborough

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPAUL, WILBUR A.
1126 S FEDERAL HWY, STE 361
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
Spaul, Wilbur A.
Street Address (P.O. Box Number is Not Acceptable)
15350 Amberly Drive, Apt. 2214
City
Tampa FL Zip Code
33647

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wilbur A. Spaul*
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

12 JAN 03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D SPAUL, WILBUR**
STREET ADDRESS **1126 S FEDERAL HWY, STE 361**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☒ Change ☐ Addition
NAME **SPAUL, WILBUR**
STREET ADDRESS **15350 AMBERLY DRIVE**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *WILBUR A. SPAUL*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 JAN 03

Date

Daytime Phone #

CR2E034 (10/02)