

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000012371****1. Entity Name**
SPIPARCELS, L.L.C.**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90021 039 ****55.00

Principal Place of Business
2542 WILLIAMS BLVD.
KENNER LA 70062**Mailing Address**
2542 WILLIAMS BLVD.
KENNER LA 70062**2. Principal Place of Business****3. Mailing Address**
2542 Williams Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Attention: Legal Dept.

City & State

City & State
Kenner, LA

Zip

Country

Zip
70062Country
USA**4. FEI Number** **72-1490671**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required****6. Name and Address of Current Registered Agent****GART, DAVID A**
250 AUSTRALIAN AVE. SOUTH, STE. 500
WEST PALM BEACH FL 33401**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**9. MANAGING MEMBERS/MANAGERS****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SPIPOWER, INC.
2542 WILLIAMS BLVD.
KENNER LA 70062 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**TITLE**
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CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**10. ADDITIONS/CHANGES****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.****James W. Brodie, Vice-President, Spipower, Inc.****SIGNATURE:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/22/02

Date

(504) 471-6200

Daytime Phone #

CR2E083 (9/01)