

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90001 021 ****55.00

DOCUMENT # L00000014255

1. Entity Name

SPIWARD PARCEL, L.L.C.

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 Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attention: Legal Dept.

City & State

City & State
Kenner, LA

4. FEI Number

72-1491934

Applied For

Not Applicable

Zip

Country

Zip

Country

70062**USA**

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GART, DAVID A
250 AUSTRALIAN AVE. SOUTH, STE. 500
WEST PALM BEACH FL 33401**

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPIWARD, INC.
2542 WILLIAMS BLVD.
KENNER LA 70062** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SPIPOWER, INC.
2542 Williams Boulevard
Kenner, LA 70062** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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, Spiward, Inc.**SIGNATURE:**

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

REQUIRED**1/22/02**

Date

(504) 471-6200

Daytime Phone #

CR2E083 (9/01)