

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90093 003 ****50.00

DOCUMENT # L01000009121

1. Entity Name

SPALOOK.COM, L.L.C.

Principal Place of Business

**130 PALM AVENUE #12
 JUPITER FL 33477**

Mailing Address

**130 PALM AVENUE #12
 JUPITER FL 33477**

2. Principal Place of Business

11380 Prosperity Farms Rd

Suite, Apt. #, etc.

111

3. Mailing Address

11380 Prosperity Farms Rd

Suite, Apt. #, etc.

111

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA



DO NOT WRITE IN THIS SPACE

65-1123753

4. FEI Number

65-1123753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HENNESSEY, JAY
 130 PALM AVENUE #12
 JUPITER FL 33477**

7. Name and Address of New Registered Agent

Name

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

11380 Prosperity Farms Rd

111

City

PBG

FL

Zip Code

33410

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

1-08-02

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **HENNESSEY, JAY**
 STREET ADDRESS **130 PALM AVENUE #12**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-08-02 561-626-6234

CR2E083 (9/01)