2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State
02-07-2003 90113 006 ***150.00

DOCUMENT # M67403

1. Entity Name
SPINNER CONSTRUCTION INC.

Principal Place of Business	Mailing Address
6639 SOUTHPOINT PKWY JACKSONVILLE, FL 32216	P.O. BOX 551-533 JACKSONVILLE, FL 32255

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5605 Florida Mining Blvd. South	5605 Florida Mining Blvd. South
Suite, Apt. #, etc.: Suite 11	Suite, Apt. #, etc.: Suite 11
City & State: Jacksonville	City & State: Jacksonville
Zip: 32257 Country: USA	Zip: 32257 Country: USA

4. FEI Number: 65-0030133 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPINNER, WILLIAM T.
3728 HEDRICK ST.
JACKSONVILLE, FL 32205

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

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 $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 NAME STREET ADDRESS CITY-ST-ZIP	D SPINNER, WILLIAM T. 3728 HEDRICK STREET JACKSONVILLE, FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] / William T. Spinner 2/5/03 904-292-9660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #