

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99798

1. Entity Name

SPIPKER CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

19767 ALLAWE LN
FORT MYERS FL 33908
US

19767 ALLAWE LN
8170 LAGOON RD.
FORT MYERS FL 33908
US

2. Principal Place of Business

3. Mailing Address

19767 ALLAIRE LN
Suite, Apt. #, etc.

19767 ALLAIRE LN
Suite, Apt. #, etc.

City & State

City & State

FORT MYERS FL

FORT MYERS FL

Zip

Country

Zip

Country

33908

US

33908

US

4. FEI Number

65-0074862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIPKER, DAKE R.
19767 ALLIQE LN
FORT MYERS FL 33908

Name

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

19767 ALLAIRE LN

FT. MYERS FL

FL

Zip Code

33908

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SPIPKER, DAKE R.
STREET ADDRESS 19767 ALLIQE LN
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS 19767 ALLAIRE LN
CITY-ST-ZIP FT. MYERS FL 33908

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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NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90012 041 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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