

2001 UNIFORM BUSINESS REPORT (UBR)

21

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-01-2001 90173 048 *****61.25

DOCUMENT # N47358

1. Entity Name

THE SPINDLE, INC.

Principal Place of Business

1000 10TH AVE S
LAKE WORTH FL 33460

Mailing Address

1000 10TH AVE S
LAKE WORTH FL 33460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2400196

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

TORVELA ARTHUR E
1000 10TH AVE SOUTH
C/O THE SPINDLE INC
LAKE WORTH FL 33460

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

Arthur E Torvela

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

(NOTE: Registered Agent signature required when reappointing)

1/23/01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD TORVELA, ARTHUR E 1000 10TH AVE. SOUTH LW #11 LAKE WORTH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD RODRIGUEZ, ORLANDO 1000 10TH AVENUE SOUTH #5 LAKE WORTH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD LINDSLEY, ROBIN 1000 10TH AVENUE SOUTH #10 LAKE WORTH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	WASKO KATARA DIRECTOR, VICE PRESIDENT 1000 10TH AVE SOUTH #12 LW FL 33460	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SLM Arthur E Torvela	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/01

561-5470579

Date

Daytime Phone #

CR06037 (10/00)