

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR) - AMENDED

DOCUMENT # P00000000423

1. Entity Name
Bart Spachek, Inc.



FILED

01 MAY 22 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3225 Canal Dr.
Boynton Beach, FL 33435

Mailing Address
3225 Canal Dr.
Boynton Beach, FL 33435

2. Principal Place of Business
639 East Ocean Ave.

3. Mailing Address

Suite, Apt. #, etc.
Suite 402

Suite, Apt. #, etc.

City & State
Boynton Beach, FL

City & State

Zip
33435

Country
USA

Zip

Country

4. FEI Number
65-0975608

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Edwin L. Crammer
7481 W. Oakland Park Blvd, #102
Lauderhill, FL 33319

Name

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

000004425440-7

City

06/18/01-01/18/02

*****FL*****61.25

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.

LS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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: Bart Spachek Bart Spachek 5/9/01 561-740-0582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)