1/19/01-90

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2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2001 8:00 am Secretary of State DOCUMENT # P00000026811 Chr.#1 SPOLI INVESTMENTS, INC. 01-19-2001 90019 035 \*\*\*150.00 Principal Place of Business Mailing Address 1220 JIMMY ANN DR. 1220 JIMMY ANN DR. DAYTONA BEACH FL 32117 DAYTONA BEACH FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLI, PAMELA Street Address (P.O. Box Number is Not Acceptable) 1220 JIMMY ANN DR. DAYTONA BEACH FL 32117 City 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 Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE.IS.\$150.00.--10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) ☐ Delete TITLE Pamela Oli, President NAME NAME 1144 Barbara Dr. STREET ADDRESS STREET ADDRESS Daytona BchyFL 32117 CITY-ST-ZIP CITY-ST-ZIP Sampson Oli, V-Pres. MLE Delete TITLE X Addition ☐ Change NAME NAME 1144 Barbara Dr. STREET ADDRESS STREET ADDRESS Daytona Boh., FL 32117 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME Delete TITLE ☐ Change Addition NAME STREET ADDRESS 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 path; 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: