

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90077 009 ***150.00

DOCUMENT # P00000027642

1. Entity Name

SPOONBILL PROPERTIES, INC.

Principal Place of Business

**8930 COLONNADES CT. E.
 #613
 BONITA SPRINGS FL 34135**

Mailing Address

**8930 COLONNADES CT. E.
 #613
 BONITA SPRINGS FL 34135**



2. Principal Place of Business

23413 OLDE MEADOWBROOK CIR.

Suite, Apt. #, etc.

3. Mailing Address

24600 S. TAMiami TRAIL

Suite, Apt. #, etc.

STE. #212, Box #313

DO NOT WRITE IN THIS SPACE

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

4. FEI Number

65-1051326

Applied For

Not Applicable

Zip

34134

Country

LEE

Zip

34134

Country

LEE

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

GRIMES, STEVEN A

8930 COLONNADES CT. E.

#613

BONITA SPRINGS FL 34135

Name

GRIMES, STEVEN A.

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

23413 OLDE MEADOWBROOK CIRCLE

City

BONITA SPRINGS

FL

Zip Code

34134

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

Steven A. Grimes

STEVEN A. GRIMES

3/25/02

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 requirements and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P	<input type="checkbox"/> Delete
NAME	GRIMES, STEVEN A	
STREET ADDRESS	8930 COLONNADES CT. E., #613	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	GRIMES, SUSAN	
STREET ADDRESS	8930 COLONNADES CT. E., #613	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, STEVEN A.	
STREET ADDRESS	23413 OLDE MEADOWBROOK CIR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, SUSAN	
STREET ADDRESS	23413 OLDE MEADOWBROOK CIR.	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Steven A. Grimes

STEVEN A. GRIMES

Date

3/25/02

Daytime Phone #

941 948-0228

CR2E034 (9/01)