

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90066 009 ***150.00

0013701 AV

DOCUMENT # P00000041425

1. Entity Name
SPIN KICK INC.

Principal Place of Business
3869 S NOVA ROAD
2
PORT ORANGE FL 32127

Mailing Address
3869 S NOVA ROAD
2
PORT ORANGE FL 32127



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3642266**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

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

BEEMAN, STEPHEN E
6026 PARK RIDGE DR
PORT ORANGE FL 32127

Name

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

309 South INDIAN RIVER ROAD

City

New Smyrna Beach

FL

Zip Code

32169

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]

2-27-02

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 requirement 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 ☐ Delete
 NAME **D BEEMAN, STEPHEN E**
 STREET ADDRESS **6026 PARK RIDGE DR**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **309 South INDIAN RIVER ROAD**
 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

TITLE ☐ Delete
 NAME **D BEEMAN, GRACYE R**
 STREET ADDRESS **6026 PARK RIDGE DR**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **309 South INDIAN RIVER ROAD**
 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)