

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90103 027 ***150.00

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
3637 STATE ROAD 44
Suite, Apt. #, etc.

3. Mailing Address
3637 STATE ROAD 44
Suite, Apt. #, etc.

City & State
New Smyrna FL
Zip Country
32168-8888

City & State
New Smyrna FL
Zip Country
32168-8888

4. FEI Number
59-3642266

Applied For
☐ Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

BEEMAN, STEPHEN E
309 SOUTH INDIAN RIVER ROAD
NEW SMYRNA BEACH FL 32169

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003: Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEEMAN, STEPHEN E		NAME		
STREET ADDRESS	309 SOUTH INDIAN RIVER ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEEMAN, GRACYE R		NAME		
STREET ADDRESS	309 SOUTH INDIAN RIVER ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 607, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/02)