2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

P00000053724

Mailing Address

1. Entity Name

SPIDER BUILDERS, INC.

SIGNATURE:



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90157 045 ***150.00

ORLANDO FL		,	ORLANDO FL 32808								
2. Principal P			3. Mailing Address 5505 Hernandes Dr.					0 8 00101 01	en ())() (uu)e (HOLF BERN HOEL	
5505 Hernandes Dr. 5505 Hernandes Suite, Apt. #, etc. # 108							☐ CHECK HERE IF MAKING CHANGES				
City & State		FL.	City & State Orlando //	City & State Orlando , FL:			FEI Number 59-3648665		Applied For Not Applicable		
Zip Country 7.5.A.			32 80B	S.A.	5.	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7.	Name and Address of New Reg	gistered Ag	jent		4
IGNJATIC, ILIJA 5505 HERNANDES DRIVE #108 ORLANDO FL 32808						Name Street Address (P.O. Box Number is Not Acceptable)					
							**************************************	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 Signature, typed or printed rule of registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00											
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Fiorida Department of State							 Election Campaign Final Trust Fund Contribution. 	ncing		0 May Be to Fees	
10.	OFFICERS AND I	11.		Δ	ADDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTORS	S IN 11]_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ILIJA INANDES DRIVE #108) FL 32808							Change	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP									Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Dele		☐ Delete	NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1				I	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					I	Change	Addition	
indicated of the cor	on this report or the portion or the	rt or supplemental report is he receiver or trustee empo	true and accurate and that r	my signat as requir	ura shall hava	the came	n 119.07(3)(i), Florida Statutes. I fi e legal effect as if made under oa orida Statutes; and that my name a	th:that Iam	n an officer	or director	