

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0399975 AV

DOCUMENT # P00000082933

1. Entity Name
EIRE DENVER SPE, INC.



FILED

03 APR 28 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2840 NW BOCA RATON BLVD SUITE 101
BOCA RATON FL 33431

Mailing Address
2840 NW BOCA RATON BLVD SUITE 101
BOCA RATON FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1086936

Applied For
Not Applicable

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

SPILLANE & COMPANY
2840 NW BOCA RATON BLVD SUITE 101
BOCA RATON FL 33431

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 PD
NAME SPILLANE, MARK D
STREET ADDRESS 2840 NW BOCA RATON BLVD., STE 101
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Suite 102
CITY-ST-ZIP

TITLE D
NAME CLARK, WILLIAM
STREET ADDRESS 2840 NW BOCA RATON BLVD., STE 101
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Suite 102
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)