

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104670

1. Entity Name

MICROSPINE, INCORPORATED

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90061 043 ***150.00

Principal Place of Business

18101 #309 PEREGRINE'S PERCH
LUTZ FL 33549

Mailing Address

18101 #309 PEREGRINE'S PERCH
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3680726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUFE, NICOLE

18101 #309 PEREGRINE'S PERCH
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

Scott Haufe

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

18101 #309 PEREGRINE'S PERCH

City

Lutz

FL

Zip Code

33549

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 of person or firm of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-01

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, 2001 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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P Anthony Mark
5005 Jewell TERRACE
Palm Harbor, FL 34685

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
V/T/D
SCOTT M.W. HAUFE
18101 #309 Peregrine's Perch
Lutz, FL 33549

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

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

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

TITLE ☐ Change ☐ 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:

Scott Haufe

Date

1-16-01

Daytime Phone #

813-833-1660

CR2E034 (10/00)