

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

0469174 AV

04-08-2002 90059 027 \*\*\*150.00

**DOCUMENT # P00000113093**  
 1. Entity Name  
**SCOTT K. SPIVACK, P.A.**

Principal Place of Business      Mailing Address  
**1543 LAKELAND HILLS BLVD**      **1543 LAKELAND HILLS BLVD**  
**LAKELAND FL 33805**      **LAKELAND FL 33805**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**211 E. MAIN ST.**      **P.O. BOX 1485**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**STE. 220**

City & State      City & State  
**LAKELAND, FL**      **LAKELAND, FL**  
 Zip      Country      Zip      Country  
**33801**      **USA**      **33802-1485**      **USA**

4. FEI Number      Applied For  
**59-3693129**      Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**SPIVACK, SCOTT K**  
**1543 LAKELAND HILLS BLVD**  
**LAKELAND FL 33805**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**211 E. MAIN ST.**  
**STE. 220**  
 City      State      Zip Code  
**LAKELAND**      **FL**      **33801**

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: **SCOTT K. SPIVACK, REGISTERED AGENT** **3/22/02**  
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

TITLE NAME	<b>D</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>SPIVACK, SCOTT K</b>
CITY-ST-ZIP	<b>1543 LAKELAND HILLS BLVD</b>
	<b>LAKELAND FL 33805</b>
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>211 E. MAIN ST., STE. 220</b>
CITY-ST-ZIP	<b>LAKELAND, FL 33801</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 K. SPIVACK** **3/22/02** **863-682-8833**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03 (9/01)