5/15/2002-90086-012-$150.00-$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN 25 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000037369 ✓

1. Entity Name
SPIRAL SYSTEMS INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3647 BAHAMA ST.	3647 BAHAMA ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BIG PINE KEY FL.	City & State: BIG PINE KEY FL.
Zip: 33043 Country: USA	Zip: 33043 Country: USA

4. FEI Number: 651096847 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: LYNN FIELDER P.A.

Street Address (P.O. Box Number is Not Acceptable): 19980 OVERSEAS HWY

City: SUGARLOAF KEY FL Zip Code: 33042

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: NO CHANGE
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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	WILLIAM R. MATZIE
STREET ADDRESS	3647 BAHAMA ST.
CITY-ST-ZIP	BIG PINE KEY FL 33043
TITLE	TOM CAPOLD
NAME	
STREET ADDRESS	4600 RICKENBACKER CSWY.
CITY-ST-ZIP	MIAMI, FL. 33149
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. MATZIE William R. Matzie 4/29/02 3058723597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PD