

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 015 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PD1000042319**

1. Entity Name

SPHEENE, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4900 Southland Dr

Suite, Apt. #, etc.

3. Mailing Address

PO Box 19437

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-1095708

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SEAN P. HEENEHAN

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

4900 Southland Drive

City

SARASOTA

FL

Zip Code

34231

DO NOT WRITE IN THIS SPACE

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

SEAN P. HEENEHAN, President

SEAN P. HEENEHAN, PRES

5/29/02

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)

☒

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**P/S/T/D
SEAN P. HEENEHAN
4900 Southland Dr
SARASOTA, FL 34231**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SEAN P. HEENEHAN, President

SEAN P. HEENEHAN, PRES

5/29/02 (941) 506-7326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)