

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90197 025 ***150.00

DOCUMENT # P01000047036

1. Entity Name

SPANKY'S, INC.

Principal Place of Business

**9728 WOOD PINE CT.
 LAKE WORTH FL 33467**

Mailing Address

**9728 WOOD PINE CT.
 LAKE WORTH FL 33467**

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

Applied For

☒ Not Applicable

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

**SCOTT, VIRGINIA T
 9728 WOOD PINE CT.
 LAKE WORTH FL 33467**

Name

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

**David L Heilman
 101 1st Lane
 Greenacres Fla
 33463**

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.

SIGNATURE *David Heilman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/25/2002
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS**
 NAME **HEILMAN, DAVID L**
 STREET ADDRESS **101 1ST CT.**
 CITY-ST-ZIP **LAKE WORTH FL 33463**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VTD**
 NAME **SCOTT, VIRGINIA T**
 STREET ADDRESS **9728 WOOD PINE CT.**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

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CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Heilman
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2002
 Date

561-432-2824
 Daytime Phone #