

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-09-2002 90021 006 ***150.00

DOCUMENT # P01000051579

1. Entity Name
SPIELMANN PUBLICATIONS, INC.

Principal Place of Business

142 RIVER RAFT CT
ORLANDO FL 32828

Mailing Address

142 RIVER RAFT CT
ORLANDO FL 32828

2. Principal Place of Business

222 Kanawha Lane

3. Mailing Address

12472 Lake Underhill Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, Florida

City & State

Orlando, Florida

Zip

32704

Country

Orange

Zip

32628

Country

Orange

4. FEI Number

59-3735235

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

MALONE, J. MICHAEL ESO
523 W COLONIAL DR
ORLANDO FL 32804

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00

After September 13, 2002 Fee will be \$750.00
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 D/MO	NAME SPIELMANN, C. SAM ATKINS	<input type="checkbox"/> Delete
STREET ADDRESS 142 RIVER RAFT CT		
CITY-ST-ZIP ORLANDO FL 32828		
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		

TITLE C	NAME Thomas J. Atkins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 222 Kanawha Lane		
CITY-ST-ZIP Apopka, Florida 32704		
TITLE	NAME LORRAINE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE ✓	NAME Stephen Hall	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS and Polly Court		
CITY-ST-ZIP Orlando, Florida 32828		
TITLE	NAME Lorraine Lober	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 14045 King Sago Ct		
CITY-ST-ZIP Orlando, FL 32828		
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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
#P01000051579

September 6, 2002

[REDACTED] 43002

To Whom It May Concern:

This is to notify the Division of Corporations, that Spielmann Publications, Inc. has not received prior notice. This is our first one and it came on September 4.

Please find enclosed our check for \$150.00

Thank you,


Sam Spielmann

Spielmann Publications, Inc.

RECEIVED BY [illegible]
DATE [illegible]
TIME [illegible]