2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000056036 **DOCUMENT#**



FILED
Mar 10, 2003 8:00 am & Secretary of State

1. Entity Name PATRICK SPINA, INC.								03-10-2003 90124 004 ***150.00						
Principal Pla 430 WILTSHIR PALM BAY FL		5	430 W	Mailing Address 430 WILTSHIRE AVE SW PALM BAY FL 32908				1 (82H88) JH 8878) HOM A	tu: 66:11 16 111		3 2 1111 88184			
2. Principal	Place of Busin	ess	3. Mai	ling Address										
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				-	☐ CHECK	HERE IE M	AKING (CHANGES		
City & State			City	City & State			····.	4.	4. FEI Number 59-3722991			A	pplied For	
Zip Country			Zip	Zip Cour				-	5. Certificate of Status Desired			8.75 Ad	Not Applicable 8.75 Additional be Required	
	6. Name	d Agent				7. Name and Address of New Registered Age			<u>-</u>					
						Name			The state of the s	109131	ora M	,=		
SPINA, PA	ATRICK -													
430 WILTSHIRE AVE SW						Street A	ddress ((P.O. B	Box Number is Not Acce	ptable)				
PALM BAY FL 32908						,								
			<u></u>			City					FL	Zip Cod		
the obliga	e named entity ations of registe	submits this statement ered agent.	for the purp	ose of changing its	registere	d office o	r register	red ág	ent, or both, in the State	of Florida.	I am fa	miliar with,	and accept	
SIGNATURE	Signature, typed o	or printed name of registered age	nt and title if appl	licable. (NOTI	: Registered	Agent signal	ture required	d whan re	einstating)		DATE			
. F	ILE NOW!!!	FEE IS \$150.00]					
		3 Fee will be \$550.00	n						9. Election Campai	gn Finançir	ng _	\$5.0	00 мау Ве	
	•	Florida Department							Trust Fund Conti	ibution.		Added	d to Fees	
10.		<u> </u>		20 -										
	DPST	OFFICERS AN	D DIRECTOR		11.		ı	AD	DITIONS/CHANGES TO	OFFICER:	S AND E	JIRECTOR:	S IN 11	
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	Certify that the	information supplied interest	th this filing :	tope not qualify fa-			ad in Cr	otios 1	119.07(3)(i) Florida Stati	ten i 6 or		. 44		
TELLINGIBLY (cenny mat nie	monnation Supplied Wi	a cuns mino (JOES HOLDING TOP	me exem	ionon stat	ea in Sea	crion 1	∟is.u7G30). Horida Stati	ites thurthe	or Aprilify	that the ir	stormation	

mation 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 applemental 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 ever or trustee embervered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if yet with an address, with all other like empowered. of the corporation or the rece changed, or on an attachme **SIGNATURE**