

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000059568**1. Entity Name  
**GROUP IV INDUSTRIAL II, INC.****FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-25-2002 90197 006 \*\*\*158.75

0003051 AV

## Principal Place of Business

6639 SOUTHPPOINT PKWY  
JACKSONVILLE FL 32216

## Mailing Address

6639 SOUTHPPOINT PKWY  
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

## 2. Principal Place of Business

5605 Florida Mining Blvd. South  
Suite, Apt. #, etc.

Building 100, Suite 11

City &amp; State

Jacksonville FL

Zip

32257

Country

USA

## 3. Mailing Address

5605 Florida Mining Blvd. South  
Suite, Apt. #, etc.

Building 100, Suite 11

City &amp; State

Jacksonville FL

Zip

32257

Country

USA

## 4. FEI Number

59-3728876

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BOATRIGHT, SCOTT R ESO  
4209 BAYMEADOWS RD, STE 4  
JACKSONVILLE FL 32217

## 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WALTERS, ROBERT	
STREET ADDRESS	6639 SOUTHPPOINT PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SPINNER, WILLIAM	
STREET ADDRESS	6639 SOUTHPPOINT PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LANGSEKAMP, KURT	
STREET ADDRESS	6639 SOUTHPPOINT PKWY	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walters, Robert	
STREET ADDRESS	5605 Florida Mining Blvd. South, Suite 11	
CITY-ST-ZIP	Jacksonville FL 32257	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPINNER, WILLIAM	
STREET ADDRESS	5605 Florida Mining Blvd. South, Suite 11	
CITY-ST-ZIP	Jacksonville FL 32257	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Langsenkamp, Kurt	
STREET ADDRESS	5605 Florida Mining Blvd. South, Suite 11	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

William T. Spinner 8/9/02 (904) 292-9660

CR2E034 (4/02)

Attachment  
Doc # 001000059568

# SPINNER & CONSTRUCTION, INC.

General Contractors CGC #023744  
Industrial and Commercial Development



Authorized Dealer For  
American Buildings Company

August 20, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

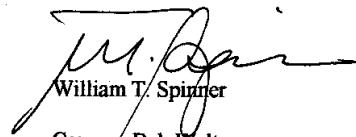
RE: Group IV Industrial, Inc. FEI number 59-3728876

Dear Clerk:

Enclosed please find a completed 2002 Uniform Business Report for the above referenced company. As you can see from the form, our address has changed. Unfortunately, this change misdirected some of our mail, and we never received the first UBR form sent by your offices. We have submitted our check for the filing fee in the amount of \$150.00 plus \$8.75 for a Certificate of Status, as I believe the late fee is waived in cases such as ours.

Thank you for your attention to this matter. If there is anything else you require, please contact us at (904) 292-9660, or at 5605 Florida Mining Boulevard South, Suite 11, Jacksonville, FL 32257.

Sincerely,



William T. Spinner

Cc: Bob Walters  
Kurt Langsenkamp  
WTS/sbb