

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91330 036 ***150.00

DOCUMENT # *PD000106401*

1. Entity Name

BICO Spin Doctor, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

611 Rustin Drive
Suite, Apt. #, etc.

3. Mailing Address

611 Rustin Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Chipley, FL

Zip
32428

Country
US

City & State
Chipley, FL

Zip
32428

Country
US

4. FEI Number

59-3157097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Arthur Talley, Jr.

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

611 Rustin Drive

City

Chipley

FL

Zip Code

32428

**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

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
*PVD
Arthur Talley Jr.
611 Rustin Drive
Chipley, FL 32428*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*STD
Rebecca J. Talley
611 Rustin Drive
Chipley, FL 32428*

TITLE
NAME
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 (850) 415-6199
Date Daytime Phone #

CR2E034B (12/01)