

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000108891

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: TECSPIDER.COM, INCORPORATED

Current Principal Place of Business:

3501 WEST VINE STREET
258
KISSIMMEE, FL 34741

New Principal Place of Business:

1107 W. MABBETTE STREET
KISSIMMEE, FL 34741

Current Mailing Address:

3501 WEST VINE STREET
258
KISSIMMEE, FL 34741

New Mailing Address:

1107 W. MABBETTE STREET
KISSIMMEE, FL 34741

FEI Number: 52-2352777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, CRUZ E
3501 W. VINE STREET
344
KISSIMMEE, FL 34741

Name and Address of New Registered Agent:

CASTILLO, CRUZ E
1107 W MABBETTE STREET
KISSIMMEE, FL 34741

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: CRUZ E CASTILLO

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTILLO, CRUZ E
Address: 365 BUTTONWOOD DRIVE
City-St-Zip: KISSIMMEE, FL 34743

Title: V () Delete
Name: PHILLIPS, CYNTHIA
Address: 3501 WEST VINE STREET
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PHILLIPS, CYNTHIA
Address: 1107 W MABBETTE STREET
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRUZ E CASTILLO

P

04/29/2002

Electronic Signature of Signing Officer or Director

Date