Amended

04-19-2004 90366 026 ****61.25
P02000035943

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000035943

1. Entity Name
Spin Inn The Weeds, Inc.

FILED
04 MAY -7 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14004375

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13071 Park Blvd.	13071 Park Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Seminole, FL	City & State: Seminole, FL
Zip: 33776 Country: Pinellas	Zip: 33776 Country: Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number: 043625481 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Keith Newman
Street Address (P.O. Box Number is Not Acceptable): 3535 First Avenue North
City: St. Petersburg FL Zip Code: 33713

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 merely filing) 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	President/Director/Officer
NAME	Patricia S. Sebok
STREET ADDRESS	7604 Ridge Rd., #107-E
CITY-ST-ZIP	Seminole, FL 33772
TITLE	Secretary/Director/Officer
NAME	Robert J. Ieva
STREET ADDRESS	8555 143rd Lane N.
CITY-ST-ZIP	Seminole, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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: Patricia S. Sebok 4/14/04 727-434-4948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DR