

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State
 04-07-2001 90026 038 ***150.00

0603681

DOCUMENT # P40816

1. Entity Name
SPINNEYBECK ENTERPRISES, INC.

Principal Place of Business 6000 N. BAILEY AVENUE SUITE 1 AMHERST NY 14226 US	Mailing Address 6000 N. BAILEY AVENUE SUITE 1 AMHERST NY 14226 US
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00032463



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 425 CROSSPOINT PKWY Suite, Apt. #, etc. SUITE 100 City & State GETZVILLE, NY Zip 14068 Country USA	3. Mailing Address 425 CROSSPOINT PKWY Suite, Apt. #, etc. SUITE 100 City & State GETZVILLE, NY Zip 14068 Country USA
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4. FEI Number 16-1159029	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALL, R 6000 N BAILEY AVE, SUITE 1 AMHERST NY 14226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 425 CROSSPOINT PKWY, SUITE 100 GETZVILLE, NY 14068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANIAR, B 1235 WATER STREET EAST GREENVILLE PA 18041 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WOLF, J 6000 N BAILEY AVE, SUITE 1 AMHERST JY 14226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 425 CROSSPOINT PKWY, SUITE 100 GETZVILLE, NY 14068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCABE, B 1235 WATER STREET EAST GREENVILLE PA 18041 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILBERGER, P 1235 WATER STREET EAST GREENVILLE PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANCIS, S. 6000 N. BAILEY AVENUE, SUITE 1 AMHERST NY 14226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 425 CROSSPOINT PKWY, SUITE 100 GETZVILLE, NY 14068

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:

Suzanne E. Francis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE E. FRANCIS

3/23/01

Date

716.446.2380

Daytime Phone #

CR2E034 (10/00)