

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90976 050 ***150.00

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DOCUMENT # P93000021425

1. Entity Name

SPANGLER ENTERPRISES, INC.



Principal Place of Business

1302 BOYD AVE.

SARASOTA FL 34237

US

Mailing Address

1302 BOYD AVE.

SARASOTA FL 34237

US

2. Principal Place of Business

1257 SEEDS AVE

3. Mailing Address

1257 SEEDS AVE

Suite, Apt. #, etc.

SARASOTA, FL

Suite, Apt. #, etc.

SARASOTA, FL

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0400194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
34237

Country
US

Zip
34237

Country
US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPANGLER, STEVEN
3950 LANCASTER DRIVE
SARASOTA FL 34241

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SPANGLER, STEVEN**
STREET ADDRESS **3950 LANCASTER DRIVE**
CITY-ST-ZIP **SARASOTA FL 34241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SPANGLER, WALTER J**
STREET ADDRESS **4206 ST. CHARLES DRIVE**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (941) 955-5000
Date Daytime Phone #

CR2E034 (10/02)