

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2001 8:00 am**  
**Secretary of State**

09-18-2001 90003 041 \*\*\*550.00

**DOCUMENT # P94000029786**

1. Entity Name  
**SPELLBOUND, INC.**

Principal Place of Business  
**4707 140TH AVENUE NORTH, #115**  
**CLEARWATER FL 33762**  
**US**

Mailing Address  
**4707 140TH AVENUE NORTH, #115**  
**CLEARWATER FL 33762**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**10901 Roosevelt Blvd**

3. Mailing Address  
**10901 Roosevelt Blvd**

Suite, Apt. #, etc.  
**Suite 200A**

Suite, Apt. #, etc.  
**Suite 200A**

City & State  
**St. Petersburg, FL**

City & State  
**St. Petersburg, FL**

Zip Country  
**33716 USA**

Zip Country  
**33716 USA**

4. FEI Number **59-3250908**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BLOCK, VICTORIA M**  
**4707 140TH AVENUE NORTH, #115**  
**CLEARWATER FL 33762**

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 **PD** ☒ Delete  
 NAME **BLOCK, VICTORIA M**  
 STREET ADDRESS **4707 140TH AVENUE NORTH**  
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **Pres.** ☐ Delete  
 NAME **VICTORIA M BLOCK**  
 STREET ADDRESS **8468 Tallahassee Dr. NE**  
 CITY-ST-ZIP **St. Petersburg, FL 33716**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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

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

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

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: **VICTORIA M. BLOCK** **VICTORIA M. BLOCK** 9/11/01 727-433-3270  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)