

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90334 008 \*\*\*150.00

SECRETARY OF STATE

**DOCUMENT # P95000014799**

1. Entity Name  
**SPIDERMAN'S PROFESSIONAL SERVICES, INC.**

Principal Place of Business      Mailing Address  
**855 CODY LANE**                      **855 CODY LANE**  
**PENSACOLA FL 32504**              **PENSACOLA FL 32504**

**B0101795**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3287688</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MULHOLLAND, SPIDERMAN S</b> <b>855 CODY LANE</b> <b>PENSACOLA FL 32504</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>SVS</b>	<input type="checkbox"/> Delete		TITLE	<b>SVS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REYNOLDS, JAMES B.</b>			NAME	<b>REYNOLDS, JAMES B.</b>		
STREET ADDRESS	<b>5564 CHIPPER LANE</b>			STREET ADDRESS	<b>3433 MARCUS POINT BLVD</b>		
CITY-ST-ZIP	<b>PACE FL 32571</b>			CITY-ST-ZIP	<b>PENSACOLA FL 32505</b>		
TITLE	<b>PT</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MULHOLLAND, SPIDERMAN</b>			NAME			
STREET ADDRESS	<b>7720 RANDWICK RD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>			CITY-ST-ZIP			
TITLE	<b>V</b>	<input type="checkbox"/> Delete		TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NOONER, PATRICK E</b>			NAME	<b>NOONER, PATRICK E.</b>		
STREET ADDRESS	<b>7720 RANDWICK RD</b>			STREET ADDRESS	<b>3424 SMYER DR</b>		
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>			CITY-ST-ZIP	<b>PACE, FL 32571</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_ **4/26/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)