

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90922 015 \*\*\*150.00

**DOCUMENT # P95000014799**

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



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

**Mailing Address**  
**855 CODY LANE**  
**PENSACOLA FL 32504**



**2. Principal Place of Business**  
**2810 COPTER RD**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**2810 COPTER RD**  
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

**City & State**  
**PENSACOLA FLORIDA**  
**Zip**  
**32514**  
**Country**  
**ESCAMBIA**

**City & State**  
**PENSACOLA FLORIDA**  
**Zip**  
**32514**  
**Country**  
**ESCAMBIA**

**4. FEI Number** **59-3287688**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MULHOLLAND, SPIDERMAN S**  
**855 CODY LANE**  
**PENSACOLA FL 32504**

**7. Name and Address of New Registered Agent**

**Name**  
**MULHOLLAND, SPIDERMAN S**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**2810 COPTER RD**  
**City** **PENSACOLA** **FL** **Zip Code** **32514**

**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 of Registered Agent or authorized officer of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**3-7-03**

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SVS</b> <b>REYNOLDS, JAMES B.</b> <b>3433 MARCUS POINT BLVD</b> <b>PENSACOLA FL 32505</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PT</b> <b>MULHOLLAND, SPIDERMAN</b> <b>7720 RANDWICK RD</b> <b>PENSACOLA FL 32514</b>	<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V</b> <b>NOONER, PATRICK E</b> <b>3424 SMYER DR</b> <b>PACE FL 32571</b>	<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SVS</b> <b>MULHOLLAND</b>	<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SVS</b> <b>MULHOLLAND, TINA M</b> <b>7720 RANDWICK RD</b> <b>PENSACOLA, FL 32514</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Date

Daytime Phone #

**3-7-03**

**(850) 4746302**

CR2E034 (10/02)