

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070758

1. Entity Name

SPRINGSHOT, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90141 026 \*\*\*150.00

Principal Place of Business

1551 SANDSPUR RD.  
ORLANDO FL 32751

Mailing Address

~~1551 SANDSPUR RD.~~  
~~ORLANDO FL 32751-6132~~

2. Principal Place of Business

3. Mailing Address

c/o Kitt McLeod

Suite, Apt. #, etc.

P.O. Box 917412

City & State

Longwood, FL

Zip

32791

Country

US

4. FEI Number

59-3340371

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

W. Edward McLeod, P.A.

284 Park Avenue No.

City Winter Park

FL

Zip Code 32789

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

W. Edward McLeod / W. Edward McLeod

4/18/00

Signature, typed or printed name of registered agent and title if applicable

(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 \$150.00**  
**After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	MCLEOD, KITT K	
STREET ADDRESS	565 WHISPERWOOD DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, DAVID C	
STREET ADDRESS	1551 SANDSPUR RD.	
CITY-ST-ZIP	ORLANDO FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kitt McLeod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 407/629-1935

Date

Daytime Phone #

CR2E034 (9/99)