

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000070758**

1. Entity Name

SPRINGSHOT, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90025 036 ***150.00

Principal Place of Business

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

Mailing Address

C/O KITT MC LEOD
PO BOX 917412
LONGWOOD FL 32791

2. Principal Place of Business

c/o W. Edward McLeod
Suite, Apt. #, etc.

284 Park Ave. No., Ste. B

City & State

Winter Park, FL

Zip

32789

Country

US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

MCLEOD, W E ESQ.
284 PARK AVE NO
WINTER PARK FL 32789

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

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, 2001 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

TITLE ☐ Delete
NAME **MCLEOD, KITT K**
STREET ADDRESS **565 WHISPERWOOD DRIVE**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete
NAME **WEBB, DAVID C.**
STREET ADDRESS **1551 SANDSPUR RD.**
CITY-ST-ZIP **ORLANDO FL 32751**

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 **DV**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **DV**
STREET ADDRESS **c/o W. Edward McLeod**
CITY-ST-ZIP **284 Park Ave. No., Ste. B**
Winter Park, FL 32789

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kitt McLeod
4-29-01 (407)629-1935

Date

Daytime Phone #

CR2E034 (10/00)

0478478