

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085448

1. Entity Name

SPINELLI CONSTRUCTION CO.

Principal Place of Business

416 NORTH H ST.
LAKE WORTH FL 33460

Mailing Address

P.O. BOX 540578
LAKE WORTH FL 33454

2. Principal Place of Business

3594 Old Lighthouse Circle

3. Mailing Address

Suite, Apt. #, etc.

Wellington

City & State

Florida

City & State

Zip

33414

Country

Palm Beach

Zip

Country

4. FEI Number

65-0634640

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPINELLI, THEODORE
416 NORTH H ST.
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name

Spinelli, Theodore

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

3594 Old Lighthouse Circle

Wellington

City

Florida

FL

Zip Code

33414

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	PT	<input type="checkbox"/> Delete
NAME	THEODORE SPINELLI	
STREET ADDRESS	416 N H STREET	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	PATRICIA SPINELLI	
STREET ADDRESS	416 NORTH H STREET	
CITY-ST-ZIP	LAKE WORTH FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theodore Spinelli	
STREET ADDRESS	3594 Old Lighthouse Circle	
CITY-ST-ZIP	Wellington, Florida 33414	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Spinelli	
STREET ADDRESS	3594 Old Lighthouse Circle	
CITY-ST-ZIP	Wellington, Florida 33414	
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		
STREET ADDRESS		
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:

Patricia Spinelli Secretary (Patricia Spinelli, Secretary) 4-23-01 (561-798)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3271

FILED
May 09, 2001 8:00 am
Secretary of State

05-09-2001 90003 026 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)