


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90342 017 \*\*\*150.00

0417057 AV

|  |   |
|--|---|
| <b>DOCUMENT #</b> P95000085448                     |  |
| <b>1. Entity Name</b><br>SPINELLI CONSTRUCTION CO. |   |

|   |  |
|---|--|
| <b>Principal Place of Business</b><br>3594 OLD LIGHTHOUSE CIRCLE<br>WELLINGTON FL 33414 | <b>Mailing Address</b><br>P.O. BOX 540578<br>LAKE WORTH FL 33454 |
|---|--|



|   |   |
|---|---|
| <b>2. Principal Place of Business</b><br>19385 West Indies Lane<br>Suite, Apt. #, etc.<br>Tegvesta, Florida<br>City State | <b>3. Mailing Address</b><br>19385 West Indies Lane<br>Suite, Apt. #, etc.<br>Tegvesta, Florida<br>City State |
|---|---|

☒ CHECK HERE IF MAKING CHANGES

|  |   |
|--|---|
| <b>4. FEI Number</b> 65-0634640  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br>SPINELLI, THEODORE<br>3594 OLD LIGHTHOUSE CIRCLE<br>WELLINGTON FL 33414 | <b>7. Name and Address of New Registered Agent</b><br>Name Spinelli, Theodore<br>Street Address (P.O. Box Number is Not Acceptable)<br>19385 West Indies Lane<br>City Tegvesta FL Zip Code 33469 |
|---|--|

**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 Theodore Spinelli DATE 4-10-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>THEODORE SPINELLI<br>3594 OLD LIGHTHOUSE CIRCLE<br>WELLINGTON FL 33414 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PT<br>Theodore Spinelli<br>19385 West Indies Lane<br>Tegvesta, Florida 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VS<br>PATRICIA SPINELLI<br>3594 OLD LIGHTHOUSE CIRCLE<br>WELLINGTON FL 33414 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VS<br>Patricia Spinelli<br>19385 West Indies Lane<br>Tegvesta, Florida 33469 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: Patricia Spinelli **SIGNATURE REQUIRED** 4-10-03 561-756-0913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)