

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0509875 AV

DOCUMENT # P95000094978

1. Entity Name
SPENIK ENTERPRISES, INC.

03-06-2002 90131 041 ***150.00

Principal Place of Business
3520 13TH AVENUE S.W.
NAPLES FL 33964

Mailing Address
3520 13TH AVENUE S.W.
NAPLES FL 33964



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0627260**

Applied For
 Not Applicable

Zip Country Zip Country

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

SPENIK, CHARLES
3520 13TH AVENUE S.W.
NAPLES FL 33964

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, 2002 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 ☐ Delete
 NAME **PSVT**
 STREET ADDRESS **SPENIK, CHARLES**
 CITY-ST-ZIP **3520 13TH AVENUE S.W.**
NAPLES FL 33964

TITLE ☐ Change ☒ Addition
 NAME **SECRETARY**
 STREET ADDRESS **ALAN DEAN**
 CITY-ST-ZIP **5142 19TH CT SW**
NAPLES, FL 34116

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 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: **CHARLES SPENIK** *Charles Spenik*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 **941 544 6644**
 Date Daytime Phone #

CR2E034 (9/01)