

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053440

1. Entity Name

SPIDER MARKETING CORPORATION

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90109 017 ***150.00

Principal Place of Business

1912 UNIVERSITY DRIVE
SUITE 203
DAVIE FL 33324

Mailing Address

1912 UNIVERSITY DRIVE
SUITE 203
DAVIE FL 33324-5849

2. Principal Place of Business

1912 S. University Drive

3. Mailing Address

1912 S. University Drive

Suite, Apt. #, etc.

PMB #203

Suite, Apt. #, etc.

PMB #203

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33324

Country

USA

Zip

33324

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0676590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSE, RAYMOND O
1912 UNIVERSITY DRIVE
SUITE 203
DAVIE FL 33324

7. Name and Address of New Registered Agent

Name

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

1912 S. University Drive, PMB #203

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
ROSE, RAYMOND O
4155 SW 67TH AVE, APT 201-B
DAVIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1763 S.W. 109TH terrace
DAVIE, FL 33324 ☒ Change ☐ Addition

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

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

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

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

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

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

4/27/2000

Date

954-915-9766

Daytime Phone #

CR2E034 (9/99)