2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000055780

SPYGLASS CAPITAL TRADING COMPANY

Principal	Place	of	Business
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Mailing Address

5551 RIDGEWOOD DR

5551 RIDGEWOOD DR

STE 305

US

NAPLES FL 34108

NAPLES FL 34108

US

Principal	Place	of	Busir	iess
0 - 1				_

801 Laurel Oak Drive Suite, Apt. #, etc.

3. Mailing Address

Laurel Oak Drive Suite, Apt. #, etc.

Suite 610 City & State DIES

Country

USA

6. Name and Address of Current Registered Agent

ouite 610 City & State Naples

Zip 34108

Country USA

BRODSKY, PAUL

5551 RIDGEWOOD DR

.9. ⇒This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

305

34108

NAPLES FL 34108

610

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

(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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete Paul E. Brodsky NAME BRODSKY, PAUL E 801 Laurel Oak Dr., Ste 610 STREET ADDRESS 5551 RIDGEWOOD DR. STE 305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Naples, FL 34108 ☐ Delete TITLE NAME STREET_ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone (