

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90144 048 \*\*\*550.00

A0076403



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000067931

1. Entity Name  
CBIG, INC.

Principal Place of Business

220 N ATLANTIC AVE  
COCOA BEACH FL 32931  
US

Mailing Address

PO BOX 320787  
COCOA BEACH FL 32932  
US

2. Principal Place of Business

1980 N Atlantic Ave

3. Mailing Address

PO Box 320787

Suite, Apt. #, etc.

City & State

Cocoa Beach FL

Zip

32932

Country

USA

4. FEI Number

59-3404518

Applied For

Not Applicable

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

SPILGER, STEVEN  
2787 COLLEGEVIEW DR  
MELBORNE FL 32935

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D	<input checked="" type="checkbox"/> Delete
NAME	SPILGER, STEVEN	
STREET ADDRESS	2787 COLLEGEVIEW DR	
CITY-ST-ZIP	MELBORNE FL 32935	
TITLE	Pres	<input type="checkbox"/> Delete
NAME	Steve Spilger	
STREET ADDRESS	1980 N Atlantic Ave #515	
CITY-ST-ZIP	Cocoa Beach FL 32931	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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 REQUIRED**

9-5-00

321-795-3166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #