

2003-

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90230 021 ***150.00

DOCUMENT #	P96000095948
1. Entity Name	AGNALDO M. SPINDOLA, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2314 RUTH LANE		3. Mailing Address 2314 RUTH LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KISSIMMEE FL		City & State KISSIMMEE FL	
Zip 34744	Country US	Zip 34744	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3413949		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name SPINDOLA, AGNALDO M	
	Street Address (P.O. Box Number is Not Acceptable) 2314 RUTH LANE	
	City KISSIMMEE	FL Zip Code 34744

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when consenting)

DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SPINDOLA, AGNALDO M 2314 RUTH LANE KISSIMMEE FL 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-03

407-344-4443

CR2E0348 (12/02)