

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90071 019 \*\*\*150.00

**DOCUMENT # P97000078121**

1. Entity Name

**SPOT MARKETING, INC.**

Principal Place of Business

1755 23 RED CEDAR DRIVE  
FORT MYERS FL 33907  
US

Mailing Address

1755 23 RED CEDAR DRIVE  
FORT MYERS FL 33907  
US

2. Principal Place of Business

8301 Grand Palm Dr

3. Mailing Address

8301 Grand Palm Dr

Suite, Apt. #, etc.

City & State

Fort Myers FL

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. FEI Number 65-0778479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SINCLAIR, J. DANIEL  
1755 23 RED CEDAR DRIVE  
FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

SINCLAIR, J. Daniel

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

8301-1 Grand Palm Drive

City

Fort Myers

FL

Zip Code

33912

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

J. Daniel Sinclair, President

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

(NOTE: Registered Agent signature required for reinstating)

DATE

7/2001

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, 2001 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 **D** ☒ Delete  
NAME **GREENE, REBECCA K**  
STREET ADDRESS **1228 TRAFALGAR PARKWAY**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **VS** ☒ Delete  
NAME **GREENE, CHRISTOPHER B**  
STREET ADDRESS **1228 TRAFALGAR PARKWAY**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **DPT** ☐ Delete  
NAME **SINCLAIR, J. DANIEL**  
STREET ADDRESS **1755 23 RED CEDAR DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition  
NAME **DPT**  
NAME **SINCLAIR, J. Daniel**  
STREET ADDRESS **8301-1 Grand Palm Drive**  
CITY-ST-ZIP **Fort Myers FL 33912**

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

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

TITLE ☐ Change ☐ 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)(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:

J. Daniel Sinclair, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/2001 (941) 481-4811

CR2E034 (10/00)