2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

06-07-2001 90193 036 ***150.00

75913

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000104179 - (18)

1. Entity Name
Spellman Holdings Corporation

Principal Place of Business	Mailing Address
522 Lucerne Ave Lake Worth, FL 33460	518 Lucerne Ave Lake Worth, FL 33460

2. Principal Place of Business	3. Mailing Address
522 Lucerne Ave	518 Lucerne Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33460 Country: U.S.A.	Zip: 33460 Country: U.S.A.

4. FEI Number: 65-0801143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Drennen L. Whitmire, Jr., Esquire
500 S. Australian Ave, Ste 800
West Palm Beach, FL 33401

7. Name and Address of New Registered Agent

Name: William Spellman
Street Address (P.O. Box Number is Not Acceptable): 518 Lucerne Ave
City: Lake Worth FL Zip Code: 33460

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] DATE 6-3-01
Signature, typed or printed name of registered agent and title if applicable: William Spellman
(NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/D/T William Spellman 5600 Poinsettia Blvd #1208 West Palm Beach, FL 33407 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/D/T William Spellman 518 Lucerne Ave. Lake Worth, FL 33460 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] 6-3-01 (561) 588-5488
Signature and typed or printed name of signing officer or director: William Spellman — Date — Daytime Phone #