

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90193 035 \*\*\*150.00

DOCUMENT # **998000000E;382** ✓  
 1. Entity Name  
**Spellaro, Inc.**

Principal Place of Business Mailing Address  
**518 Lucerne Ave.**  
**West Lake Worth, FL 33460**

2. Principal Place of Business 3. Mailing Address  
**518 Lucerne Ave.** **518 Lucerne Ave.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Lake Worth, FL** **Lake Worth, FL**  
 Zip Country Zip Country  
**33460 USA** **33460 USA**

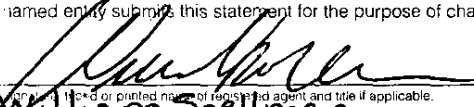
4. FEI Number Applied For  
**60-14-214243-82-4** Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**A0072866**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Drennen L. Whitmire, Jr., Esquire.**  
**500 S. Australian Ave, Suite 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  **William Spellman** (NOT Registered Agent signature required when reinstating) DATE **6-3-01**

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	<b>VDS</b>	<input type="checkbox"/> Delete
NAME	<b>William Spellman</b>	
STREET ADDRESS	<b>518 Lucerne Ave</b>	
CITY - ST - ZIP	<b>Lake Worth, FL 33460</b>	
TITLE	<b>PDT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>Daniel A. Callero Jr.</b>	
STREET ADDRESS	<b>607 Ridge Road</b>	
CITY - ST - ZIP	<b>Lantana, FL 33462</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PDTs</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William Spellman</b>	
STREET ADDRESS	<b>518 Lucerne Ave</b>	
CITY - ST - ZIP	<b>Lake Worth, FL 33460</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that 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 empowers

SIGNATURE:  **William Spellman** DATE **6-3-01** (601)588-5488 Daytime Phone #

CR2E034 (11/00)