

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90038 001 ***300.00

DOCUMENT # P98000035135

1. Entity Name
SPINICELLI HOLDING CORPORATION

Principal Place of Business

4210 L.B. MCLEOD ROAD
 SUITE 109
 ORLANDO FL 32811

Mailing Address

4210 L.B. MCLEOD ROAD
 SUITE 109
 ORLANDO FL 32811

22971



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9484 American Eagle Way

3. Mailing Address

9484 American Eagle Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number **59-3523379**

Applied For
 Not Applicable

Zip **32837**

Country **U.S.A.**

Zip **32837**

Country **U.S.A.**

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

SPINICELLI, MARK J
 4210 L.B. MCLEOD ROAD
 SUITE 110
 ORLANDO FL 32811

Name **Mark J. Spinicelli**
 Street Address (P.O. Box Number is Not Acceptable) **9484 American Eagle Way**
 City **Orlando** FL Zip **32837**

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 **Mark J. Spinicelli** DATE **01/10/2001**
Signature typed or printed name of registered agent and title if applicable. (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	
TITLE NAME	D SPINICELLI, MARK J <input type="checkbox"/> Delete
STREET ADDRESS	4210 L.B. MCLEOD ROAD, SUITE 110
CITY-ST-ZIP	ORLANDO FL 32811
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	D Mark J. Spinicelli <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9484 American Eagle Way
CITY-ST-ZIP	Orlando, FL 32837
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Mark J. Spinicelli** DATE **01/10/2001** DAYTIME PHONE # **407-888-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)