

2001 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

9484 American Eagle Way

Suite, Apt. #, etc.

3. Mailing Address

9484 American Eagle Way

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

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

7. Name and Address of New Registered Agent

Name Mark J. Spinicelli

Street Address (P.O. Box Number is Not Acceptable)
9484 American Eagle Way

City Orlando

FL

Zip Code 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 01/10/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 | <input type="checkbox"/> Delete |
| NAME | SPINICELLI, MARK J | |
| STREET ADDRESS | 4210 L.B. MCLEOD ROAD, SUITE 110 | |
| CITY-ST-ZIP | ORLANDO FL 32811 | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mark J. Spinicelli | |
| STREET ADDRESS | 9484 American Eagle Way | |
| CITY-ST-ZIP | Orlando, FL 32837 | |
| 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 | | |
| 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 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 01/10/2001 407-888-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

01-25-2001 90038 001 ***300.00

22971



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)