FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2002 8:00 am P98000061033 **Secretary of State** DOCUMENT # 1. Entity Name 02-28-2002 90031 045 ***150.00 SPILMAN ENTERPRISES, INC. Principal Place of Business Mailing Address 6403 WEST NEWBERRY ROAD 6403 WEST NEWBERRY ROAD GAINESVILLE FL 32618 GAINESVILLE FL 32618 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3522790 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPILMAN, JEFFREY-A Street Address (P.O. Box Number is Not Acceptable) 6403 WEST NEWBERRY ROAD **GAINESVILLE FL 32618** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete NAME SPILMAN, JEFFREY A NAME 6403 WEST NEWBERRY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32618 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME SPILMAN, SHERRY L NAME STREET ADDRESS STREET ADDRESS 6403 WEST NEWBERRY ROAD CITY-ST-ZIP CITY-ST-ZIF GAINESVILLE FL 32618 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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