2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000086367** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name SPOONBILL SERVICES, INC. 04-03-2000 90005 042 ***150.00 Principal Place of Business Mailing Address 7544 CAMERON CIRCLE 7544 CAMERON CIRCLE FT. MYERS FL 33912 FT. MYERS FL 33912-5657 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0871856 Not Applicable 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 **GRIMES. STEVEN A** Street Address (P.O. Box Number is Not Acceptable) 1417 CREECH ROAD NAPLES FL 34103 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) \Box 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition TITLE ☐ Delete TITLE GRIMES, STEVEN A NAME NAME STREET ADDRESS 1417 CREECH RD STREET ADORESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE KATZ, TAMMY KATZ, TAMMY NAME NAME 7544 Cameron Cir STREET ADDRESS 7544 CAMERON CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 4 Myers, FL 33912 FT MYERS FL 33912. Change Audition ☐ Delete TITLE TITLE NAME NAME FRIMES, SUSAN STREET ADDRESS STREET ADDRESS ti7 Créech Rd CITY-ST-ZIP CITY-ST-ZIP naples, Fr Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME 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.

SIGNATURE: AUGUST DE AND TYPEFOR PRINTED NAME OF SIGNING/OFFICER OR DIRECTOR DATE OF SIGNING/OFFICER OR DIRECTOR