

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90097 026 ***150.00

DOCUMENT # P98000098002

1. Entity Name

SPINNER INSURANCE INC.

Principal Place of Business

4939 S.W. 33RD. WAY
FT. LAUDERDALE FL 33312

Mailing Address

4939 S.W. 33RD. WAY
FT. LAUDERDALE FL 33312

2. Principal Place of Business

6079 VIA VENETA SOUTH

Suite, Apt. #, etc.

3. Mailing Address

6079 VIA VENETA SOUTH

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Delray Bch FL

City & State

Delray Bch FL

4. FEI Number

65-0878184

Applied For

Not Applicable

Zip

33484

Country

USA

Zip

33484

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPINNER, IVAN
4939 S.W. 33RD. WAY
FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

IVAN SPINNER

Street Address (P.O. Box Number is Not Acceptable)

6079 VIA VENETA SOUTH

City

Delray Beach

FL

Zip Code

33484

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]

President (IVAN SPINNER)

1/6/01

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 ☐ Delete
NAME **D**
STREET ADDRESS **SPINNER, IVAN**
CITY-ST-ZIP **4939 S.W. 33RD. WAY**
FT. LAUDERDALE FL 33312

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **SPINNER, IVAN**
CITY-ST-ZIP **6079 VIA VENETA SOUTH**
Delray Bch, FL 33484

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature] President

1/6/01

(813) 638-2859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

0330997

CR2E034 (10/00)