

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107949

1. Entity Name

MICHAEL J. SPOTO, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90144 039 ***150.00

Principal Place of Business

Mailing Address

401 SOUTH FLORIDA AVE. SUITE 201
TAMPA FL 33602

P O BOX 1347
TAMPA FL 33601-1347

2. Principal Place of Business

4302 W. HENDERSON BLVD

3. Mailing Address

Suite, Apt. #, etc.

SUITE 111

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33629

Country

USA

Zip

Country

4. FEI Number

59-3553084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAJO, PEDRO F JR
AKERMAN, SENTERFITT & EIDSON, P.A.
100 ASHLEY DR, SUITE 1500
TAMPA FL 33602

Name

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

City

FL

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 MICHAEL J. SPOTO - PRES.

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

(NOTE: Registered Agent signature required when reinstating)

4-26-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SPOTO, MICHAEL J
CITY-ST-ZIP 3012 KEATS ST
TAMPA FL 33629

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: MICHAEL J. SPOTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000

Date

813-273-6799

Daytime Phone #

CR2E034 (9/99)