

DOCUMENT # P99000020874
1. Entity Name
DAVID R. SPITZNAGEL, P.A.

Principal Place of Business Mailing Address
304 ST. THOMAS AVE. 304 ST. THOMAS AVE.
KEY LARGO FL 33037 KEY LARGO FL 33037

2. Principal Place of Business 3. Mailing Address
99228 OVERSEAS HIGHWAY
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
KEY LARGO FL
Zip Country Zip Country
33037 MONROE

6. Name and Address of Current Registered Agent
SPITZNAGEL, DAVID R ESQ.
304 ST. THOMAS AVE.
KEY LARGO FL 33037

7. Name and Address of New Registered Agent
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 DAVID R. SPITZNAGEL DATE 01/03/2001
(NOTE: Registered Agent signature required when reinstating)

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 P SPITZNAGEL, DAVID R
NAME 304 ST THOMAS AVE
STREET ADDRESS KEY LARGO FL 33037
CITY-ST-ZIP
TITLE S SPITZNAGEL, DALE M
NAME 304 ST THOMAS AVE
STREET ADDRESS KEY LARGO FL 33037
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
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CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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TITLE
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: DAVID R. SPITZNAGEL DATE 01/03/2001 DAYTIME PHONE # 705 451-1234

FILED
Jan 11, 2001 8:00 am
Secretary of State
01-11-2001 90026 008 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)