

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State

0264523

DOCUMENT # **P99000033558**

1. Entity Name

SPIKE of S. FL Inc.

05-19-2001 90273 050 ***150.00

Principal Place of Business

Mailing Address

7112 Woodmont Ave TAMARAC FL

2. Principal Place of Business

8415 NW 26 DR

3. Mailing Address

8415 NW 26 DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A0062230

DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FL

City & State

CORAL SPRING

4. FEI Number

65-0911450

Applied For

Not Applicable

Zip

33065

Country

BROWARD

Zip

33065

Country

BROWARD

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL PIZZUTOLI
~~7112 Woodmont Ave~~
~~TAMARAC FL 33321~~

Name

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

8415 NW 26 DR

City

CORAL SPRING

FL

Zip Code

33065

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 Pizzutoli

Signature, typed or printed name of registered agent and fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
 NAME **MICHAEL PIZZUTOLI**
 STREET ADDRESS **8415 NW 26 DR**
 CITY-ST-ZIP **CORAL SPRING FL 33065**

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

TITLE ☐ Delete
 NAME
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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 Pizzutoli 5/12/01 288-4875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR