

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91515 032 \*\*\*150.00

**DOCUMENT #** 515447  
1. Entity Name  
SPIFF CLUB, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4029 Tampa Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
4029 Tampa Rd.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Oldsmar, FL

City & State  
Oldsmar, FL

4. FEI Number  
59-3028458

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip Country  
34677 U.S.A.

Zip Country  
34677 U.S.A.

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Hilton, Vivian, D.

Street Address (P.O. Box Number is Not Acceptable)  
4029 Tampa Rd.

City  
Oldsmar

FL Zip Code  
34677

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 \_\_\_\_\_ (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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP	D Hilton, Vivian, D 4029 Tampa Rd. Oldsmar, FL 34677	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date: 4/18/02 Daytime Phone #: 813-818-9299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)