2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90098 008 ***150.00

DOCUMENT # V16443

1. Entity Name
SUZANNE M. SPINNER THERAPIST, INC.

Principal Place of Business	Mailing Address
119 ROYAL PARK DR #2C OAKLAND PARK FL 33309	119 ROYAL PARK DR #2C OAKLAND PARK FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3520 Oaks Way	3520 Oaks Way
Suite, Apt. #, etc.: 207	Suite, Apt. #, etc.: 207
City & State: Pompano Beach, Fl.	City & State: Pompano Beach, Fl
Zip: 33069 Country: Broward	Zip: 33069 Country: Broward

4. FEI Number 65-0314732 ☐ Applied For ☐ Not Applicable

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
SPINNER, SUZANNE M. 119 ROYAL PARK DR #2C OAKLAND PARK FL 33309	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: Suzanne M. Spinner — 4-16-01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD SPINNER, SUZANNE M. 119 ROYAL PARK DR #2C OAKLAND PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD Spinner, Suzanne M. 3520 Oaks Way #207 Pompano Beach, Fl. 33069	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: Suzanne M Spinner — 4-16-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #