

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90051 004 ***150.00

DOCUMENT # 317816

1. Entity Name

INDIAN RIVER SPREADER SERVICE, INC.

Principal Place of Business

Mailing Address

6780 SAMBA STREET
 FT. PIERCE FL 34945

6780 SAMBA STREET
 FT. PIERCE FL 34945-3069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1168752**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CHAMBLEY, L L
2704 PLACID AVE.
FT. PIERCE FL 34998

L. L. CHAMBLEY - JR.

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

2704 PLACID AVE

FT. PIERCE FL 34982

8. The above named entity submit

is a registered agent, or both, in the State of Florida.

SIGNATURE _____
 Signature, typed or printed

Signature required when reinstating) _____ DATE _____

9. This corporation is eligible for Tax filing requirement and (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ST
CHAMBLEY, L L
6780 SAMBA
FORT PIERCE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PV
CHAMBLEY L L JR
2704 PLACID AVENUE
FT. PIERCE FL 34945

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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: **Beth Jean Chambley**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2000 - 561-464-1535
 Date Daytime Phone #

We changed Registered Agent last year 99, it should have been in the name - Thanks

00012001



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)