FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90111 047 ***150.00

DOCUMENT # P00000025403

1. Entity Name SPEARS FLOORING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3300 STATE ROAD 7	3300 STATE ROAD 7
Suite, Apt. #, etc. E 428	Suite, Apt. #, etc. E 428
City & State Hollywood Florida	City & State HOLLYWOOD FLA
Zip 33021 Country BROWARD	Zip 33021 Country BROWARD USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0993598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name TIMOTHY SPEARS

Street Address (P.O. Box Number is Not Acceptable) 3300 STATE ROAD 7 E428

134 MANGROVE ROAD

City HOLLYWOOD FL Zip Code 33021

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 TIMOTHY J SPEARS [signature] SPEARS FLOORING INC [signature] 1-25-02

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) ☑

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	PRESIDENT	TITLE	
NAME	TIMOTHY J SPEARS	NAME	
STREET ADDRESS	3300 STATE ROAD 7 E428	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FLA 33021	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: Spears Flooring Inc [signature] 1-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #