2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91598 045 ***150.00

DOCUMENT # P01000074661

1. Entity Name
SPEARS VINYL SIDING, INC.

2. Principal Place of Business
36147 VIA GRAN
GRAND ISLAND, FL
37735-9675

Mailing Address
36147 VIA GRAN
GRAND ISLAND, FL 37735-9675

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business | 3. Mailing Address
Street Address (P.O. Box Number is Not Acceptable) | Suite, Apt. #, etc.
City & State | City & State
Country | Zip | Country

4. FEI Number
59-3704757
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFREY A. SPEARS
36147 VIA GRAN
GRAND ISLAND, FL 37735-9675

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

...ing its registered office or registered agent, or both, in the State of Florida

...
(NOTE: Registered Agent signature required when reinstating) DATE

9. ...corporation is eligible to satisfy its intangible ...filing requirement and elects to do so (...criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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

P JEFFREY A. SPEARS
36147 VIA GRAN
GRAND ISLAND, FL 37735-9675
☐ Delete

VP ANGELA D. SPEARS
36147 VIA GRAN
GRAND ISLAND, FL 37735-9675
☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OF 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add/Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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...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 ...annual 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 ...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 ...with an address, with all other like empowered.

SIGNATURE: ABE GARMAN, ACCOUNTANT 5-1-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #