2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P99000047897

1. Entity Name



FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90040 024 ***150.00

SPEAR C	ORAL CORP.						
Principal Place of Business 3721 SW 47TH AVENUE SUITE 307 FORT LAUDERDALE FL 33314		Mailing Address 3721 SW 47TH AVENUE SUITE 307 FORT LAUDERDALE FL 33314					
2. Principal F	Place of Business	3. Mailing Address			156 (U.178 1011) QB5(4 BB1) QB(17 BB1)(B1) [<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING (CHANGES	
City & State		City & State		4. FEI Number	65-0929770	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of		8.75 Additional see Required	
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Registered A	jent	
OOPAD DAVID A			Name	Name			
SPEAR, D	47 AVENUE		Street Address	s (P.O. Box Number i	s Not Acceptable)		
STE 307	4/ AVENUE			<u>. </u>			
FORT LAUDERDALE FL 33314			City		FL	Zip Code	
8. The above	named entity submits this statement fo	registered office or regist	tered agent, or both,	<u> </u>	miliar with, and accept		
the obligations of registered agent.							
SIGNATURE				ired when reinstating)	DATE	,	
				witer remarking)	DAIL		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					on Campaign Financing Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS 11		11.	ADDITIONS/CH	HANGES TO OFFICERS AND D	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEAR, L. WILLIAM 3721 SW 47TH AVE FORT LAUDERDALE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPEAR, JEFFREY N 3721 SW 47TH AVE 307 FORT LAUDERDALE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST SPEAR, DAVID A 3721 SW 47 AVE 307 FORT LAUDERDALE FL 33314	□ 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	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

54-581-9000