

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 17, 2001 8:00 am
Secretary of State

05-17-2001 91286 020 ****61.25

A0067682

DO NOT WRITE IN THIS SPACE

DOCUMENT # 702445

1. Entity Name
The Spearville Inc.

Principal Place of Business
*3215 SE 10th St.
Pompano Bch, FLA
33062*

Mailing Address
*3215 SE 10th St.
Pompano Bch, FLA
33062 - 6561*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number *59-095-1676*

Applied For ☐ **Not Applicable** ☒

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

6. Name and Address of Current Registered Agent
*Peggy D Opara (EDITH SOTER)
3215 SE 10th St. Unit 202
Pompano Beach, Fla 33062*

7. Name and Address of New Registered Agent
Peggy D Opara
Street Address (P.O. Box Number is Not Acceptable)
3215 SE 10th St.
City *Pompano Beach*, **FL** **Zip Code** *33062*

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Peggy D Opara</i> <i>3215 SE 10th St.</i> <i>Pompano Beach, FLA 33062</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P- Peggy D Opara</i> <i>3215 SE 10th St</i> <i>Pompano Beach, FLA 33062</i>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V- Robert Kaiser</i> <i>3215 SE 10th St</i> <i>Pompano Beach, FLA 33062</i>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S- Diane M Horn</i> <i>3215 SE 10th St</i> <i>Pompano Beach, FLA 33062</i>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T- Noella Pelletier</i> <i>3215 SE 10th St</i> <i>Pompano Beach, FLA 33062</i>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D- Raymond Zubiaurre</i> <i>3215 SE 10th St</i> <i>Pompano Beach, FLA 33062</i>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *Peggy D Opara* **15-03-01** **(954) 545-9776**

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

CR2E037 (11/00)