## 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 583461** 

FILED Apr 23, 2003 Secretary of State

Entity Name: SPENDLESS BUILDING SUPPLIES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	BRASKA AVE L 33612 US			
Current Mailing Address:		New Mailing Address:		
2200 NEE AMPA, F	BRASKA AVE L 33612 US			
El Number:	: 59-1841462	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
2200 NE	E, ROYCE A BRASKA AVE L 33612 US			
	named entity so of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
	e of Florida.	ubmits this statement for the լ	ourpose of changing its registere	d office or registered agent, or both,
the State	e of Florida.	ubmits this statement for the p		d office or registered agent, or both,  Date
the State	e of Florida. <sup>*</sup> RE: Electroni	c Signature of Registered Ag		
the State	e of Florida. <sup>*</sup> RE: Electroni	c Signature of Registered Ag	ent	
the State	e of Florida.  RE: Electroni  mpaign Financing S AND DIRECT	c Signature of Registered Ag Trust Fund Contribution ( ). TORS: Delete TH M., ASKA AVE	ent	Date
the State GNATUR  ection Car  FFICER: le: le: ldress:	e of Florida.  RE: Electroni  mpaign Financing S AND DIRECT  V ()   KROENKE, EDIT 12200 N. NEBRA TAMPA, FL 336	c Signature of Registered Agr Trust Fund Contribution ( ). FORS: Delete TH M., ASKA AVE 12 Delete YS M., ASKA AVE	ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROYCE A. KROENKE PD 04/23/2003