

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90113 049 ***150.00

DOCUMENT # 124108

1. Entity Name
CUNNINGHAM-SPENCER INCORPORATED

Principal Place of Business Mailing Address
C/O DOROTHY M. SPENCER ARTHUR SPENCER, JR. C/O DOROTHY M. SPENCER SAME
2 ADALIA AVE STE 702 2 ADALIA AVE STE 702
TAMPA FL 33606 TAMPA FL 33606
US US

2. Principal Place of Business **CASS** 3. Mailing Address **P.O. Box**
603-611 EAST CASS ST
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **TAMPA FL** City & State **ODESSA FL**
Zip **33601** Country **US** Zip **33556** Country **US**

4. FEI Number **59-0883782** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SPENCER, RONALD Name **SAME**
2 ADALIA AVE 13129 COXSWAIN COURT Street Address (P.O. Box Number is Not Acceptable)
STE 702 HUDSON, FL 34667 **13129 COXSWAIN COURT**
TAMPA FL 33606 City **HUDSON** FL Zip Code **34667**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPENCER, ARTHUR		NAME		
STREET ADDRESS	P.O BOX 88		STREET ADDRESS		
CITY-ST-ZIP	ODESSA FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPENCER, RONALD		NAME		
STREET ADDRESS	13129 COXSWAIN COURT		STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		CITY-ST-ZIP		
TITLE	-SDP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPENCER, DOROTHY M		NAME		
STREET ADDRESS	2 ADALIA AVE STE 702		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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

SIGNATURE: **ARTHUR SPENCER, JR.** 2/26/01 813/920-8072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)