

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 317816

1. Entity Name

INDIAN RIVER SPREADER SERVICE, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90051 004 \*\*\*150.00

Principal Place of Business

6780 SAMBA STREET  
FT. PIERCE FL 34945

Mailing Address

6780 SAMBA STREET  
FT. PIERCE FL 34945-3069

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1168752

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

CHAMBLEY, L L  
2704 PLACID AVE.  
FT. PIERCE FL 34988

L. L. Chambley - JR.

Address (P.O. Box Number is Not Acceptable)

2704 Placid Ave

Ft. Pierce

FL

34982

8. The above named entity sub

or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or print

9. This corporation is eligible  
Tax filing requirement and  
(See criteria on back)

11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST  
CHAMBLEY, L L  
6780 SAMBA  
FORT PIERCE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PV  
CHAMBLEY L L JR  
2704 PLACID AVENUE  
FT. PIERCE FL 34945

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Beth Jean Chambley  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-2000 - 561-464-1535  
Date Daytime Phone #

CR2E034 (9/99)