

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90178 007 ***150.00

DOCUMENT # 629760

1. Entity Name
SPENCER HOMES, INC.



Principal Place of Business
**6588 HIGHWAY 90
MILTON FL 32570
US**

Mailing Address
**6588 HIGHWAY 90
MILTON FL 32570
US**

2. Principal Place of Business

6588 Caroline St

Suite, Apt. #, etc.

3. Mailing Address

6588 Caroline St

Suite, Apt. #, etc.

City & State

Milton FL

City & State

Milton FL

Zip

32570

Country

USA

Zip

32570

Country

USA

4. FEI Number

59-1935630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPENCER, W.C.
6588 CAROLINE ST.
MILTON FL 32570**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SPENCER, W.C.**
STREET ADDRESS **6650 PTARMIGAN DR.**
CITY-ST-ZIP **MILTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **SPENCER, C.H.**
STREET ADDRESS **6588 CAROLINE STREET**
CITY-ST-ZIP **MILTON FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **COLALRD, SUZANNE S**
STREET ADDRESS **6668 PTARMIGAN DRIVE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE ☒ Change ☐ Addition
NAME **VP COLLARD, SUZANNE SPENCER**
STREET ADDRESS **6668 PTARMIGAN DRIVE**
CITY-ST-ZIP **MILTON FL 32570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **W.C. Spencer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03
Date

850-623-5049
Daytime Phone #

CR2E034 (10/02)