

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013807 AT

DOCUMENT # **A26577**

1. Entity Name

**SPICE-A-LOT, LTD.**

FILED

02 MAR 11 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**16104 GULF BLVD.  
REDINGTON BEACH FL 33708**

Mailing Address

**P. O. BOX 86024  
MADEIRA BEACH FL 33708**

2. Principal Place of Business

**14100 U.S. 19 North**

3. Mailing Address

Suite, Apt. #, etc.

**Suite 137**

City & State

**Clearwater, FL**

City & State

Zip **33764**

Country **US**

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**59-2893833**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SPICER, JAMES E**

**9160 OAKHURST ROAD, #1**

**SEMINOLE FL 34040**

7. Name and Address of New Registered Agent

Name

**JAMES E SPICER**

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

**16104 Gulf Boulevard**

City

**Redington Beach**

FL

Zip Code

**33708**

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

*James E. Spicer*

**James E. Spicer**

**1-4-02**

DATE

9. Capital Contributions  
as Shown on record.

**\$44,625.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME **SPICER, JAMES E**  
STREET ADDRESS **9160 OAKHURST ROAD, #1**  
CITY-ST-ZIP **SEMINOLE FL**

DOCUMENT #  
NAME **SPICER, SHIRLEY J**  
STREET ADDRESS **9160 OAKHURST ROAD, #1**  
CITY-ST-ZIP **SEMINOLE FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **16104 Gulf Boulevard**  
CITY-ST-ZIP **Redington Beach, FL 33708**

STREET ADDRESS **16104 Gulf Boulevard**  
CITY-ST-ZIP **Redington Beach, FL 33708**

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*James E. Spicer*

**01-04-02**

**727 533-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE