

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F85343****1. Entity Name**
SPEARS ELECTRICAL SERVICE, INC.**Principal Place of Business****C/O RONALD I. SPEARS**
19450 ANGEL LANE
ODESSA FL 33556**Mailing Address****C/O RONALD I. SPEARS**
19450 ANGEL LANE
ODESSA FL 33556**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 **59-2204603**

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****SPEARS, RONALD I.**
19450 ANGEL LANE
ODESSA FL 33556

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.**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐**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	TS	<input type="checkbox"/> Delete
NAME	SPEARS, HILDA L	
STREET ADDRESS	19450 ANGEL LANE	
CITY-ST-ZIP	ODESSA, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPEARS, RONALD I.	
STREET ADDRESS	19450 ANGEL LANE	
CITY-ST-ZIP	ODESSA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPEARS, HILDA L	
STREET ADDRESS	19450 ANGEL LANE	
CITY-ST-ZIP	ODESSA, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPEARS, RONALD A	
STREET ADDRESS	19450 ANGEL LN	
CITY-ST-ZIP	ODESSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90012 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)