

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99899

1. Entity Name

D.H. SPEARS & ASSOCIATES, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90449 027 ***150.00

Principal Place of Business

46 S.W. RIVERWAY BLVD.
PALM CITY FL 34990

Mailing Address

P.O. BOX 620
PALM CITY FL 34991

102024



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

828 PALM CITY RD
Suite, Apt. #, etc.

3. Mailing Address

828 PALM CITY RD
Suite, Apt. #, etc.

City & State

STUART, FL.

City & State

STUART, FL.

4. FEI Number

65-0018016

Applied For

Not Applicable

Zip

34994

Country

MARTIN

Zip

34994

Country

MARTIN

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, DORIS H
46 S.W. RIVERWAY BLVD.
PALM CITY FL 34990

Name

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

828 PALM CITY ROAD

City

STUART

FL

Zip Code

34994

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

Doris H. Spears

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
SPEARS, DORIS H
46 S.W. RIVERWAY BLVD.
PALM CITY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
828 PALM CITY ROAD
STUART, FL. 34994 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Doris H. Spears

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DORIS H. SPEARS 4-27-01 561-285-3200

CR2E034 (10/00)