

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K31263

1. Entity Name

SPA RESOURCES, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90023 045 ***150.00

Principal Place of Business

% JUDITH L. SINGER
1305 NE 23RD AVE SUITE 2
POMPANO BEACH FL 33062

Mailing Address

% JUDITH L. SINGER
1305 NE 23RD AVE SUITE 2
POMPANO BEACH FL 33062-3748

C0020656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0077713**

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, JUDITH L.
303 N RIVERSIDE DR
SUITE 101
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

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

Suite ~~102~~ 2

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 may Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	VPS	<input type="checkbox"/> Delete
NAME	SINGER, JUDITH L.	
STREET ADDRESS	303 N RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	PT	<input type="checkbox"/> Delete
NAME	MONTESON, PATRICIA A.	
STREET ADDRESS	303 N RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BEACH 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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS	#102e 102	
CITY-ST-ZIP	33062	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS	#101	
CITY-ST-ZIP	33062	
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #