

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90112 031 \*\*\*150.00

**DOCUMENT # K69456**

1. Entity Name  
**SPRING HILL CRUISERS, INC.**



Principal Place of Business  
**P O BOX 5443  
SPRING HILL FL 34606**

Mailing Address  
**P O BOX 5443  
SPRING HILL FL 34606**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2931585**

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

**WIL NICKERSON  
11784 LAKEWOOD DR.  
HUDSON FL 34669**

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 **WIL NICKERSON**

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

(NOTE: Registered Agent signature required when reinstating)

**2/12/2003**  
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 **NICKERSON, WIL**  
STREET ADDRESS **11784 LAKEWOOD DR**  
CITY-ST-ZIP **HUDSON FL**

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

TITLE **VP** ☐ Delete  
NAME **GARIEPY, NORMA**  
STREET ADDRESS **11452 SUNSHINE GROVE RD**  
CITY-ST-ZIP **BROOKSVILLE FL**

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

TITLE **T** ☒ Delete  
NAME **PODER, FRANK**  
STREET ADDRESS **4369 PHILATELIC DR**  
CITY-ST-ZIP **SPRING HILL FL 34606**

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

TITLE **S** ☒ Delete  
NAME **BARBUTO, ELISA**  
STREET ADDRESS **12532 FILLMORE ST**  
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **S** ☒ Change ☐ Addition  
NAME **SIMMONS, JEANNETTE**  
STREET ADDRESS **7171 SKYLARK DR.**  
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **T** ☐ Delete  
NAME **PODER, FRANK**  
STREET ADDRESS **7369 PHILATELIC DR**  
CITY-ST-ZIP **SPRING HILL FL 34606**

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

TITLE **MCH** ☒ Delete  
NAME **LUDEKER, LEROY**  
STREET ADDRESS **12909 WALNUT TREE LANE**  
CITY-ST-ZIP **HUDSON FL 34669**

TITLE **MCH** ☒ Change ☐ Addition  
NAME **MOUTRAN, FRED**  
STREET ADDRESS **10157 HORIZON DR.**  
CITY-ST-ZIP **SPRING HILL, FL 34608**

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:

**PODER, FRANK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/25/03**  
Date

**352-686-6298**  
Daytime Phone #

CR2E034 (10/02)