

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 28 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L50640

1. Entity Name

Spreadrite Sales & Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6001 SW 19 St

Suite, Apt. #, etc.

3. Mailing Address

6001 SW 19 St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0189048

Applied For

Not Applicable

Zip

33317

Country

US

Zip

33317

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

James Lamar Sapp

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

6001 SW 19 St

City

Plantation

FL

Zip Code

33317

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	James Lamar Sapp	6001 SW 19 St	Plantation, FL 33317
VPD	Arthur L. Sapp	361 SW 15 St	Pompano Beach, FL 33060
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
		600008645166	10/29/02--01040--004 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-02

Date

954-583-2893

Daytime Phone #

CR2E034B (12/01)

11/4/02

SPREADRITE SALES AND SERVICE, INC.
6001 S.W. 19TH STREET
PLANTATION, FL 33317

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

October 23, 2002

Dear Sir or Madam:

I received the Notice of Administrative Dissolution or Revocation from your office yesterday. It startled me because I never received the original renewal form. As you can see from previous years, I faithfully file and pay the annual fee. I sincerely hope that Spreadrite Sales and Service, Inc. can be reinstated based on the fact that I have consistently paid my fees in a timely manner for over ten years and would have gladly done so this time had I received the annual form.

Enclosed please find the UBR and fee.

Sincerely,



James Lamar Sapp

FEI #: 65-0189048