

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90025 047 ***150.00

DOCUMENT # L66158

1. Entity Name
SANFORD SHOPPING CENTER, INC.

Principal Place of Business 2805 CARRIER AVENUE SANFORD FL 32773 US	Mailing Address 2805 CARRIER AVENUE SANFORD FL 32773 US
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2. Principal Place of Business 1425 E. Airport Blvd. Suite, Apt. #, etc.	3. Mailing Address 1425 E. Airport Blvd. Suite, Apt. #, etc.
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City & State Sanford, FL	City & State Sanford, FL
Zip 32773	Country USA

4. FEI Number 59-3004021	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPOLSKI, KEVIN J.
~~2805 CARRIER AVENUE~~
~~SANFORD FL 32773~~

7. Name and Address of New Registered Agent
 Name
Spolski, Kevin J.
 Street Address (P.O. Box Number is Not Acceptable)
1425 E. Airport Blvd.
 City
Sanford **FL** Zip Code
32773

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST <input type="checkbox"/> Delete		TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPOLSKI, KEVIN J.		NAME	Spolski, Kevin J.	
STREET ADDRESS	2805 CARRIER AVENUE		STREET ADDRESS	1425 E. Airport Blvd.	
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP	Sanford, FL 32773	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPOLSKI, KEVIN J		NAME	Spolski, Kevin J.	
STREET ADDRESS	2805 CARRIER AVENUE		STREET ADDRESS	1425 E. Airport Blvd.	
CITY-ST-ZIP	SANFORD FL		CITY-ST-ZIP	Sanford, FL 32773	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 persons.

SIGNATURE: *Kevin J. Spolski* **Kevin J. Spolski, President** Date: **4/10/01** Daytime Phone #: **407-322-8424**

CR2E034 (10/00)