

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86784

1. Entity Name

SPCS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90099 010 ***150.00

Principal Place of Business

Mailing Address

9374 BENT PINE CIR E
LAKE WORTH FL 33467
US

9374 BENT PINE CIR E
LAKE WORTH FL 33467-2328
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0204775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKE, JOHN E.
523 LAKE AVE.
LAKE WORTH FL 33460

Name

Diane McConnaughay

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

9374 Bent Pine Cir E

City

Lake Worth

FL

Zip Code

33467

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

Diane McConnaughay Diane McConnaughay v.l.

4/8/00

Signature, typed or printed name of registered agent and title is acceptable.

(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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME MCCONNAUGHAY, STEPHEN P. ☐ Delete
STREET ADDRESS 9374 BENT PINE CIR E
CITY-ST-ZIP LAKE WORTH FL

TITLE DP
NAME MCCONNAUGHAY, STEPHEN P. ☒ Change ☐ Addition
STREET ADDRESS 108 39th Drive
CITY-ST-ZIP VERO BEACH, FL 32968

TITLE DVTS
NAME MCCONNAUGHAY, DIANE M. ☐ Delete
STREET ADDRESS 9374 BENT PINE CIR E
CITY-ST-ZIP LAKE WORTH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen P. McConnaughay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/00

Date

Daytime Phone #

CR2E034 (9/99)