

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99798

1. Entity Name

**SPIKER CONSTRUCTION, INC.**

Principal Place of Business

Mailing Address

C/O DAKE R. SPIKER  
8170 LAGOON RD.  
FT. MYERS BEACH FL 33931-5227  
US

C/O DAKE R. SPIKER  
8170 LAGOON RD.  
FT. MYERS BEACH FL 33931-5227

2. Principal Place of Business

**19767 ALLAIRE LN.**

Suite, Apt. #, etc.

**FT. MYERS**

City & State

**FT. MYERS FL**

Zip

**33908-4800**

Country

**LEE**

3. Mailing Address

**19767 ALLAIRE LN**

Suite, Apt. #, etc.

City & State

**FT. MYERS FL**

Zip

**33908-4800**

Country

**LEE**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90055 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0074862**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SPIKER, DAKE R.**  
**8170 LAGOON ROAD**  
**FT. MYERS BEACH FL 33931**

7. Name and Address of New Registered Agent

Name

**SAME**

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

**19767 ALLAIRE LN.**

City

**FT. MYERS**

**FL**

**FL**

Zip Code

**33908-4800**

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]* **(PRES)**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-7-00**

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

TITLE **PD** ☐ Delete  
NAME **SPIKER, DAKE R.**  
STREET ADDRESS **8170 LAGOON ROAD**  
CITY-ST-ZIP **FT MYERS BCH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Delete  
NAME **SAME**  
STREET ADDRESS **19767 ALLAIRE LN.**  
CITY-ST-ZIP **FT. MYERS FL 33908-4800**

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

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

TITLE ☐ Change ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Delete  
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:

*[Signature]* **(PRES)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAKE R. SPIKER**

**941-4801**

Daytime Phone #

**1-7-00**

**466-5295**