

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90124 049 ***150.00

DOCUMENT # P00000078350

1. Entity Name

RAMSEY SPEARS ENTERPRISES, INC.

Principal Place of Business

**346 MASHIE LANE
 ORLANDO FL 32804**

Mailing Address

**346 MASHIE LANE
 ORLANDO FL 32804**

2. Principal Place of Business

63 E Pine St
 Suite, Apt. #, etc.

3. Mailing Address

63 E Pine St
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando FL

City & State
Orlando, FL

4. FEI Number
59-3676011

Applied For
 Not Applicable

Zip
32801

Country
USA

Zip
32801

Country
USA

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

**RAMSEY, PAUL Q SR.
 346 MASHIE LANE
 ORLANDO FL 32804**

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.

SIGNATURE

Paul Q Ramsey Sr

4/24/02
 DATE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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
D ☐ Delete
 NAME
SPEARS, GARRICK
 STREET ADDRESS
346 MASHIE LANE
 CITY-ST-ZIP
ORLANDO FL 32804

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

TITLE
D ☐ Delete
 NAME
RAMSEY, PAUL Q SR.
 STREET ADDRESS
346 MASHIE LANE
 CITY-ST-ZIP
ORLANDO FL 32804

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

Paul Q Ramsey Sr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02
 Date

407-841-5544
 Daytime Phone #

CR2E034 (9/01)