

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90042 049 ***150.00

DOCUMENT # P00000084092

1. Entity Name **SPAULDING FEED & HARDWARE, INC.**
2510 NEW BERLIN ROAD
JACKSONVILLE, FLORIDA 32218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

same

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

DUVAL

Zip

Country

4. FEI Number

74-2972062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BRENDA CAPPS

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

5167 BEIGE STREET

City

JACKSONVILLE

FL

Zip Code
32258

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 ODIS WHITEHEAD 633 LEE ROAD JACKSONVILLE, FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENDA CAPPS 5167 BEIGE STREET JACKSONVILLE, FL 32258	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

Odís F. Whitehead
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Odís F. Whitehead (Pres.) **3-6-02** **(904) 757-3101**

Date

Daytime Phone #