

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # P00000105809

1. Entity Name

SPERAA ENTERPRISES, INC.

FILED

FILED
Oct 18, 2001 8:00 A.M.
Secretary of State

Principal Place of Business

Mailing Address

P.O. Box 23250
Jacksonville, FL 32241

Same

2. Principal Place of Business

5740 Spring Park Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 23250

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL 32201

City & State

Jacksonville, FL 32201

4. FEI Number

59-3682805

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

32241

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

Coates, Irona K.
1794 Rogero Rd.
Jacksonville, FL 32211

Name

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

500004649945--0

-10/23/01--01049--005

City

*****61.FL *****61.25

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)

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. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Briggs, Richard P. ☒ Delete
STREET ADDRESS P.O. Box 23250
CITY-ST-ZIP Jacksonville, FL 32211

TITLE P/S/T/D
NAME Robert E. Briggs, Jr. ☐ Change ☒ Addition
STREET ADDRESS P.O. Box 1331
CITY-ST-ZIP Goldenrod, FL 32733

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/Robert E. Briggs, Jr.

10/3/01

(904) 448-0992

Date

Daytime Phone #

CR2E034 (11/00)