

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90083 013 ***150.00

DOCUMENT # P000001154501
1. Entity Name D + A Enterprises of Polk County Inc

DO NOT WRITE IN THIS SPACE

639988

2. Principal Place of Business
3616 MYRTICE LN.
Suite, Apt. #, etc.

3. Mailing Address
3616 MYRTICE LN
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKELAND FL
Zip 33810 Country USA

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LAKELAND FL
Zip 33810 Country USA

4. FEI Number 59-3697123
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ALLEN SPURLOCK

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

3616 MYRTICE LN

City LAKELAND

FL

Zip Code 33810

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
President
Allen Spurlock
3616 Myrtice Ln
LAKELAND, FL 33810

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 863-712-3341

CR2F034B (12/01)