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FILED
Jun 18, 2002 8:00 am
Secretary of State
05-24-2002 91329 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087807

1. Entity Name
Spurlin Corporation

DO NOT WRITE IN THIS SPACE

35815

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2. Principal Place of Business	3. Mailing Address
3750 Gunn Hwy	3750 Gunn Hwy
Suite, Apt. #, etc. Suite 3E	Suite, Apt. #, etc. Suite 3E
City & State Tampa, FL	City & State Tampa, FL
Zip 33624 Country USA	Zip 33624 Country USA

4. FEI Number 59-3744657 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name Diaz, Jose A

Street Address (P.O. Box Number is Not Acceptable) 17410-A U.S. Hwy 41 North

City Lutz FL Zip Code 33549

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 _____ 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) ☐

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	President
NAME	Spurlin, Eddie
STREET ADDRESS	3750 Gunn Hwy, ste 3E
CITY-ST-ZIP	Tampa, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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: _____ 5/1/02 813-376-0380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #