

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90093 025 ***150.00

DOCUMENT # P01000088339

1. Entity Name
SPENSER 4 HIRE ENTERPRISE INC.

Principal Place of Business

1994 DARRYL DR.
TALLAHASSEE FL 32301

Mailing Address

1994 DARRYL DR.
TALLAHASSEE FL 32301

2. Principal Place of Business

2627 S. Adams St

Suite, Apt. #, etc.

Suite 5

City & State
Tallahassee FL

Zip

32301

Country

Leon

3. Mailing Address

517 Pope St

Suite, Apt. #, etc.

Apt. # B

City & State
Tallahassee FL

Zip

32304

Country

Leon



DO NOT WRITE IN THIS SPACE

4. FEI Number

593742724

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HIRES, SPENSER
1994 DARRYL DR.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/02

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

TITLE **Owner** ☐ Delete

NAME **Spenser Hires**
STREET ADDRESS **517 B Pope St**
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Owner/President** ☒ Change ☐ Addition

NAME **Spenser Hires**
STREET ADDRESS **517 B Pope St**
CITY-ST-ZIP **Tallahassee FL 32304**

TITLE **Vice President** ☐ Change ☒ Addition

NAME **Alicea Hires**
STREET ADDRESS **517 B Pope St**
CITY-ST-ZIP **Tallahassee FL 32304**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Spenser Hires
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/02 **222-9229**

CR2E034 (9/01)