

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 04, 2003 8:00 am
Secretary of State

03-17-2003 90676 003 ***150.00

DOCUMENT # P02000038426

1. Entity Name
SHOP G-SPOT ENTERPRISES, INC.



Principal Place of Business
**812 CRESTRIDGE DRIVE
TARPON SPRINGS FL 34689**

Mailing Address
**812 CRESTRIDGE DRIVE
TARPON SPRINGS FL 34689**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0442605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KELVER, BENJAMIN D
812 CRESTRIDGE DRIVE
TARPON SPRINGS FL 34689**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Benjamin D. Kever	
STREET ADDRESS	812 Crestridge Dr.	
CITY-ST-ZIP	Tarpon Springs, Fl. 34688	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Troy Fish	
STREET ADDRESS	5618 E. Colonial Dr.	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Jared Henig	
STREET ADDRESS	5618 E. Colonial Dr.	
CITY-ST-ZIP	Orlando, FL 32807	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Tim Sheridan	
STREET ADDRESS	2723 Kavalier Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)