

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90233 049 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000045496					
1. Entity Name SPAULDING FAMILY ENTERPRISES, INC.					
Principal Place of Business 8012 HANCOCK ST RIVERVIEW, FL 33569			Mailing Address P.O. BOX 36 GANT, AL 36028		
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 03-0401385				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAMER, JAMES A 8012 HANCOCK ST RIVERVIEW, FL 33569-4420			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ (Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agents ignore this required when registering.)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SPAULDING, CHARLES E P.O. BOX 36 GANT, AL 36038 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gantt, AL 36038 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SPAULDING, MARJORIE G P.O. BOX 36 GANT, AL 36038 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gantt AL 36038 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 fee empowered.					
SIGNATURE: <i>Marjorie G. Spaulding</i>			4-22-03 2392814511		
SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR			Date Original Filing		

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☐ CHECK HERE IF MAKING CHANGES