

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90175 025 ***550.00

0141288 AT

DOCUMENT # P02000087606

1. Entity Name

CROSS AND SPENCE BUILDERS, INC.



Principal Place of Business

**2826 SW 140TH PLACE
OCALA FL 34473**

Mailing Address

**2826 SW 140TH PLACE
OCALA FL 34473**

2. Principal Place of Business

2826 SW 140TH PLACE

3. Mailing Address

2826 SW 140TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

OCALA FL.

City & State

OCALA FL.

4. FEI Number

30-0160284

Applied For

Not Applicable

Zip

34473

Country

USA

Zip

34473

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CROSS, ARTHUR

2826 SW 140TH PLACE

OCALA FL 34473

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **CROSS, ARTHUR**
STREET ADDRESS **2826 SW 140TH PLACE**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **PRESIDENT/TREASURER** ☒ Change ☐ Addition
NAME **ARTHUR CROSS, ARTHUR**
STREET ADDRESS **2826 S.W. 140TH PLACE**
CITY-ST-ZIP **OCALA FL. 34473**

TITLE **VS** ☐ Delete
NAME **SPENCE, JOHN**
STREET ADDRESS **2826 SW 140TH PLACE**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **VICE PRESIDENT/SECRETARY** ☒ Change ☐ Addition
NAME **SPENCE, JOHN**
STREET ADDRESS **2826 SW 140TH PLACE**
CITY-ST-ZIP **OCALA FL. 34473**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

ARTHUR CROSS

8/27/03

352-347-1799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)