2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 26, 2002 8:00 am secretary of State P93000075828 DOCUMENT # 1. Entity Name SPRUCE, INC. 02-26-2002 90108 048 ***150.00 Principal Place of Business Mailing Address 298 NW 50TH PLACE 298 NW 50TH PLACE **BOCA RATON FL 33431 BOCA RATON FL 33431** US 2. Principal Place of Business 3. Mailing Address <u>834 SW 1745</u> <u>834 SW</u> 17¹⁵ Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE love City & State City & State 4. FEI Number Applied For 65-0450360 aton POXA RATON Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPRUCE, DANNY W Street Address (P.O. Box Number is Not Acceptable) 298 NW 50TH PL **BOCA RATON FL 33431** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition DANNY W. SPRUCE 1834 SW 175 ST SPRUCE, DENNIS R NAME NAME 6884 FLORIDA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 BOCA RATON, FL 33486 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE Delete ☐ Change Addition ÑÁME`* > ** NAME 化环烷基 化邻苯 化甲基甲基磺胺 人名西克尔 有斯拉克 网络格拉 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment

with an address