

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082448

1. Entity Name

SPENCER STONE WORKS, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90159 036 \*\*\*150.00

Principal Place of Business

Mailing Address

631 E CALL STREET  
SUITE 502  
TALLAHASSEE FL 32301

631 E CALL STREET  
SUITE 502  
TALLAHASSEE FL 32301-2654

2. Principal Place of Business

100 CADIZ ST.

3. Mailing Address

100 CADIZ ST.

Suite, Apt. #, etc.

#108

Suite, Apt. #, etc.

#108

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

Zip

32301

Country

LEON

Zip

32301

Country

LEON



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3212217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPENCER, EDDIE  
631 E CALL STREET  
SUITE 502  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name EDDIE SPENCER

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

100 CADIZ ST. #108

City

TALLAHASSEE

FL

Zip Code

32301

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

EDDIE SPENCER, PRES. *Eddie Spencer*, Pres 4-20-44

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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, 2000 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 P ☐ Delete

NAME SPENCER, EDDIE  
STREET ADDRESS 631 E CALL ST. #502  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VP ☒ Delete

NAME LAMBERT, CHRIS  
STREET ADDRESS 3457 SEDONA LOOP  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ST ☒ Delete

NAME CROSBY, JERRED  
STREET ADDRESS 3504 CHAUNCEY RD.  
CITY-ST-ZIP TALLAHASSEE FL 32311

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 VP ☒ Change ☐ Addition

NAME DARRYL A. MATTEISS  
STREET ADDRESS 8129 BUCK LAKE RD.  
CITY-ST-ZIP TALLAHASSEE, FL. 32311

TITLE ST ☒ Change ☐ Addition

NAME MICHAEL C. SPENCER  
STREET ADDRESS 851 VILLAGE LAKE DR.  
CITY-ST-ZIP DELAND, FL. 32724

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: EDDIE SPENCER, *Eddie Spencer* 4-20-44 850-681-9007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)