

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000017228

1. Entity Name

SPENCER SERVICE CORPORATION

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90063 025 ***158.75

Principal Place of Business

377 COURTLAND BLVD
DELTONA FL 32738

Mailing Address

377 COURTLAND BLVD
DELTONA FL 32739-0187

2. Principal Place of Business

901 KEELHULL Rd.

Suite, Apt. #, etc.

3. Mailing Address

P O Box 390187

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
OSTEEN Florida

City & State
DELTONA Florida

4. FEI Number 59-3226700

Applied For
Not Applicable

Zip
32764

Country
USA

Zip
32739

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPENCER, CAROLANN M
377 COURTLAND BLVD
DELTONA FL 32738

7. Name and Address of New Registered Agent

Name CAROLANN M SPENCER

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

901 KEELHULL Rd.

City OSTEEN

FL

Zip Code 32764

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 *Carolann M Spencer*

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

(NOTE: Registered Agent signature required when reinstating)

3/15/00

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 NAME STREET ADDRESS CITY-ST-ZIP	DP SPENCER, LARRY J 377 COURTLAND BLVD. DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPENCER, CAROLANN M 377 COURTLAND BLVD DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPENCER, LARRY J 901 KEELHULL Rd. OSTEEN FL 32764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPENCER, CAROLANN M 901 KEELHULL Rd OSTEEN FL 32764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Carolann M Spencer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DST

3/15/00

Date

407 321 1351

Daytime Phone #

CR2E034 (9/99)