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

## **DOCUMENT #**

P94000056419

1. Entity Name

SP REAL ESTATE, INC.

| Principal Place of Business 1298 38TØH AVE NE C/O JACK BOWMAN SAINT PETERSBURG FL 33704 US 2. Principal Place of Business Suite, Apt. #, etc. City & State |  | Mailing Astress 1298 387/H AVE NE C/O JACK BOWMAN SAINT PETERSBURG FL 33704 US 3. Mailing Address Suite, Apt. #, etc. City & State |  | CHECK HERE IF MAKING CHANGES  |  |
|--|--|--|--|---|--|
|  |  |  |  | Applied For   |  |
|  |  |  |  | 4. FEI Number 59-3269230 Not Applicable   |  |
| Zip  | Country  | Zip  | Country                                  | 5. Certificate of Status Desired S8.75 Additional Fee Required  |  |
|  | _ 6Name and Address of Current   | Registered Agent   |  | 7. Name and Address of New Registered Agent   |  |
| 1298 38TH  | JACKSON H III<br>AVENUE N.E.<br>SBURG FL 33704   |  | Name<br>Street Addr                      | ress (P.O. Box Number is Not Acceptable)  |  |
|  | • *  |  | City                                     | FL Zip Code   |  |
| the obligation,  | named entity submits this statement for<br>one of registered agent.  Signature, typed or printed name of registered agent. |  | its registered office of requirements    | required when reinstating)  DATE  |  |
| After<br>Make Check  | LE NOW!!! FEE IS \$150.00<br>May 1, 2003 Fee will be \$550.00<br>Payable to Florida Department o                           |  | 11,                                      | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>BOWMAN, JACKSON H III<br>1298 38TH AVENUE N.E.<br>ST PETERSBURG FL 33704   | Delete   | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | ☐ Change ☐ Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | SD<br>STRICKLAND, ROBERT K<br>1343 52ND AVE. N.E.<br>ST PETERSBURG FL 33703  | ☐ 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   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete   | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | ☐ Change ☐ Addition   |  |

**FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90163 036 \*\*\*150.00

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:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR