## **UNIFORM BUSINESS REPORT (UBR)**

208 CRESCENT LAKE RD

LAKELAND FL 33813-4652

## DOCUMENT # P9400066985 1. Entity Name SPENSE-CAM INDUSTRIES, INC. Principal Place of Business Mailing Address

208 CRESTENT LAKE COURT LAKELAND FL 33813

## FILED Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90033 028 \*\*\*150.00

**04000**0

			US			
2. Principal Place of Business  6012 CRESCENT LAKE DE  Suite, Apr. #, etc.			3. Mailing Address . Waid Coescent Lake Dave Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		FLORIDA	City & State	FLORIDA	4. FEI Number 59-3266348 Applied For Not Applicable	
Zip 338 (3		Country	Zip 33813	Country	5. Certificate of Status Desired	
	6 Name a	and Address of Current R		<del></del>	7. Name and Address of New Registered Agent	
GRAVES, KERRY D. J 208 CRESCENT LAKE COURT LAKELAND FL 33813				Name Street Address City	(P.O. Box Number is Not Acceptable)  FL Zip Code	
SIGNATURE .	Signature, typed o	submits this statement for printed name of registered agent and the to satisfy its Intangible	nd title if applicable. (NOTE	: Registered Agent signature requir	10 Flootion Campaign Financing C5 00 Have Po	
Tax filing r		nd elects to do so.	After MAY 1, 200 Make Check Payab	00 Fee will be \$550.00 le to Department of St	Trust Fund Contribution. Added to Fees	
11.		OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		KERRY D. J CENT LAKE COURT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
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TITLE  NAME  STREET ADDRESS  CITY-SI_ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	Change Addition	
TITLE "&-		And the second s	☐ Delete	TITLE NAME	☐ Change ☐ 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:

SIGNATURE AND TYPED OR RRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

PCCC- 842 (14P)

Daytime Phone #