

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078431

1. Entity Name

SPEARS ENTERPRISES, INC.

FILED

Jul 18, 2000 8:00 am  
Secretary of State

07-18-2000 90091 032 \*\*\*550.00

Principal Place of Business

2800 SW 4TH AVE  
UNIT 17  
FT. LAUDERDALE FL 33315  
US

Mailing Address

2800 SW 4TH AVE  
UNIT 17  
FT. LAUDERDALE FL 33315  
US

2. Principal Place of Business

9341 N. New River Canal Rd  
Plantation, FL

3. Mailing Address

9341 N. New River Canal Rd  
Plantation, FL



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FL 33324 Broward

City & State

FL 33324 Broward

4. FEI Number

65-0552687

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPEARS, PAMELA H  
9341 N NEW RIVER CANAL ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

*Pamela H. Spears*

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  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 **SPEARS, PAMELA H.**  
STREET ADDRESS **9341 N. NEW RIVER CANAL RD.**  
CITY-ST-ZIP **PLANTATION FL**

TITLE **VP** ☐ Delete  
NAME **SPEARS, M. C**  
STREET ADDRESS **9341 N. NEW RIVER CANAL RD.**  
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ 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

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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:

*Pamela H. Spears*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-13-00 954-474-2183

CR2E034 (5/00)