

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90048 003 ***158.75

DOCUMENT # P95000018937

1. Entity Name

SPEARS AUTO SERVICE INC.

Principal Place of Business

**11907 SEMINOLE BLVD.
 LARGO FL 33778**

Mailing Address

**11907 SEMINOLE BLVD.
 LARGO FL 33778**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3294138

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPEARS, JAMES E
 8350 59TH WAY NORTH
 PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name **KATHLEEN W. SPEARS**
 Street Address (P.O. Box Number is Not Acceptable)
8350-59TH WAY NORTH
 City **PINELLAS PARK**, FL Zip Code **33781**

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 *Kathleen W. Spears* P.T. **KATHLEEN W. SPEARS** 1-01-2002
 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 \$150.00
 After May 1, 2002 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 **JAMES E. SPEARS**
 STREET ADDRESS **8350 59TH WAY NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **ST** ☐ Delete
 NAME **KATHLEEN SPEARS**
 STREET ADDRESS **8350 59TH WAY NORTH**
 CITY-ST-ZIP **PINELLAS PARK FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 **P/ST** ☒ Change ☐ Addition
 NAME **KATHLEEN W. SPEARS**
 STREET ADDRESS **8350-59TH WAY NORTH**
 CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **V.** ☒ Change ☐ Addition
 NAME **JAMES E. SPEARS**
 STREET ADDRESS **8350-59TH WAY NORTH**
 CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 person or persons authorized 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: *Kathleen W. Spears* P/ST **KATHLEEN W. SPEARS** 1-01-2002 391-2880
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)