

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90177 001 ***150.00

DOCUMENT # P95000034460

1. Entity Name

8500-8530 NW 40TH STREET, INC.

Principal Place of Business

8105 N.W. 94TH AVE
TAMARAC FL 33321

Mailing Address

8105 N.W. 94TH AVE
TAMARAC FL 33321

2. Principal Place of Business

8209 N. Pine Island Rd
Suite, Apt. #, etc.
#16

3. Mailing Address

8209 N. Pine Island Rd
Suite, Apt. #, etc.
#16

City & State

TAMARAC FL

City & State

TAMARAC FL

Zip

33321

Country

USA

Zip

33321

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0579969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPRY, STEVE
8105 N.W. 94TH AVE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name - SPRY, STEVE
Street Address (P.O. Box Number is Not Acceptable)
8209 N. Pine Island Rd.
#16
City TAMARAC FL 33321

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

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, 2001 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	DP	<input checked="" type="checkbox"/> Delete
NAME	SPRY, STEVE	
STREET ADDRESS	8105 N.W. 94TH AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SPRY, ARDYTH J	
STREET ADDRESS	8105 N.W. 94TH AVE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRY, STEVE	
STREET ADDRESS	8209 N Pine Island Rd #16	
CITY-ST-ZIP	TAMARAC, FL 33322	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRY, ARDYTH	
STREET ADDRESS	8209 N. Pine Island Rd #16	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

SPRY, STEVE 4/28/01 954.562
9321

CR2E034 (10/00)