

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90053 045 ***150.00

DOCUMENT # P95000047915

1. Entity Name
SPEARS LANDHOLDING, INC.



Principal Place of Business
**1098 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409**

Mailing Address
**1098 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409**

900188556



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPEARS, GARY N
1098 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409**

Name **SPEARS, JANET**

Street Address (P.O. Box Number is Not Acceptable)
7804 150 CT N

City **Palm Bch Gardens FL** Zip Code **33418**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **SPEARS, GARY N**
STREET ADDRESS **1098 NORTH MILITARY TRAIL**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **DPST** ☒ Change ☐ Addition
NAME **SPEARS, JANET**
STREET ADDRESS **7804 150 CT N**
CITY-ST-ZIP **Palm Bch Gardens, FL 33418**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SPEARS, GARY N, JR**
STREET ADDRESS **967 BAYBERRY DR**
CITY-ST-ZIP **ROCKLEDGE, FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET SPEARS 2-4-03 561-747-1716

Date

Daytime Phone #

CR2E034 (10/02)