

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91520 021 \*\*\*150.00

DOCUMENT # P97000053214

1. Entity Name

JO CLAIRE SPEAR, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

WEST BAY CORPORATE CENTER

3. Mailing Address

WEST BAY CORPORATE CENTER

Suite, Apt. #, etc.

9410 INTERNATIONAL COURT NORTH

Suite, Apt. #, etc.

9410 INTERNATIONAL COURT NORTH

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL

City & State

ST PETERSBURG FL

4. FEI Number

59-3451340

Applied For

Not Applicable

Zip

33716-4801

Country

USA

Zip

33716-4801

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name JO CLAIRE SPEAR, ESQUIRE

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

WEST BAY CORPORATE CENTER

9410 INTERNATIONAL COURT NORTH

City

ST. PETERSBURG

FL

Zip Code

33716-4801

**DO NOT WRITE  
IN THIS SPACE**

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

*Jo Claire Spear*

JO CLAIRE SPEAR, ESQUIRE

4/19/02

Signature, typed or printed name of registered agent and info, 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D JO CLAIRE SPEAR 9410 INTERNATIONAL COURT NORTH ST. PETERSBURG, FL 33716-4801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jo Claire Spear*

JO CLAIRE SPEAR, as President

4/19/02

(727) 576-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)