

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079221

1. Entity Name

S. L. SPANO & COMPANY, INC.

Principal Place of Business

957 WESSON DR.
CASSELBERRY FL 32707

Mailing Address

957 WESSON DR.
CASSELBERRY FL 32707-5955

2. Principal Place of Business

649 Stonefield Loop

Suite, Apt. #, etc.

3. Mailing Address

649 Stonefield Loop

Suite, Apt. #, etc.

City & State

Heathrow, FL

City & State

Heathrow, FL

Zip

32746

Country

U.S.

Zip

32746

Country

U.S.

4. FEI Number

89-3448468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPANO, SHARON L
957 WESSON DR.
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name Spano, Sharon L.

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

649

City Heathrow

FL

Zip Code 32746

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	SPANO, SHARON L	
STREET ADDRESS	957 WESSON DR.	
CITY-ST-ZIP	CASSELBERRY FL 32707	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spano, Sharon L.	
STREET ADDRESS	649 Stonefield Loop	
CITY-ST-ZIP	Heathrow, FL 32746	
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

4/3/00

Date

Daytime Phone #

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90038 007 ***150.00



DO NOT WRITE IN THIS SPACE