

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030824

Entity Name

SPENCER PHILLIPS, INC.

FILED**May 04, 2000 8:00 am**
Secretary of State

05-04-2000 90163 019 ***158.75

Principal Place of Business

Mailing Address

34TH WAY NORTH
LARGO FL 33771P.O. BOX 1025
LARGO FL 33779-1025

Principal Place of Business

3. Mailing Address

5218 126th AVE NORTH
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

4. FEI Number

59-3502577

Applied For

Not Applicable

Zip
33760

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPENCER, JAMES T
2055 34TH WAY NORTH
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

SPENCER, JAMES T

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

5218 126th AVENUE NORTH

City

CLEARWATER,

FL

Zip Code

33760

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
PHILLIPS, CHRISTOPHER B
2055 34TH WAY NORTH
LARGO FL 33779 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SPENCER, JAMES T
2055 34TH WAY NORTH
LARGO FL 33779 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☒ Addition ☐
5218 126th AVENUE NORTH
CLEARWATER, FL 33760TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☒ Addition ☐
5218 126th AVENUE NORTH
CLEARWATER, FL 33760TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

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

SIGNATURE:

SIGNATURE REQUIRED

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

727-556-0700

Daytime Phone #