CR2E034 (10/00)

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 03, 2001 8:00 am Secretary of State DOCUMENT # P98000037039 1. Entity Name SPEAR EGRET CORP. 05-03-2001 91141 036 \*\*\*150.00 Principal Place of Business Mailing Address 3721 SW 47 AVE STE 307 3721 SW 47 AVE STE 307 FT LAUDERDALE FL 33314 FT LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0831919 Not Applicable Ζiο Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPEAR, DAVID A Street Address (P.O. Box Number is Not Acceptable) 3721 SW 47 AVE **STE 307** FT LAUDERDALE FL 33314 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SPEAR, WILLIAM L NAME NAME STREET ADDRESS STREET ADDRESS 3721 SW 47 AVE STE 307 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33314 DVTS ☐ Delete TITLE ☐ Change TITLE SPEAR, DAVID A NAME NAME 3721 SW 47 AVE STE 307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33314 TITLE ☐ Delete TITLE □ Change ☐ Addition SPEAR, JEFFREY N NAME STREET ADDRESS 3721 SW 47 AVE STE 307 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33314 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 spother like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.2001

9545819000

Daytime Phone #