## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000056386

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Suite, Apt. #, etc.

MCPEEK, WILLIAM D

3470 AIRCRAFT DR. LAKELAND FL 33807-5464

9. This corporation is eligible to satisfy its Intangible

MCPEEK, WILLIAM D

100 ROANN DR.

OVEIDO FL 32765

BURKLEY, JAMES P

LAKELAND FL 33813

3722 SANDPEBBLE

VALRICO FL 33594

ELSASS, ARTHUR N JR

6309 CHRISTINA GROVES CIR. W.

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

City & State

Zip

SOUTHERN SPRAY SYSTEMS, INC.

Principal Place of Business	Mailing Address	
AIRCRAFT DR.	P.O. BOX 5464 Lakeland FL 33807-5464	
2. Principal Place of Susiness	3. Mailing Address	

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150,00

After MAY 1, 2000 Fee will be \$550.00

Delete

Oelete

Delete

Delete

☐ Delete

Delete

12.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

TITLE

MAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

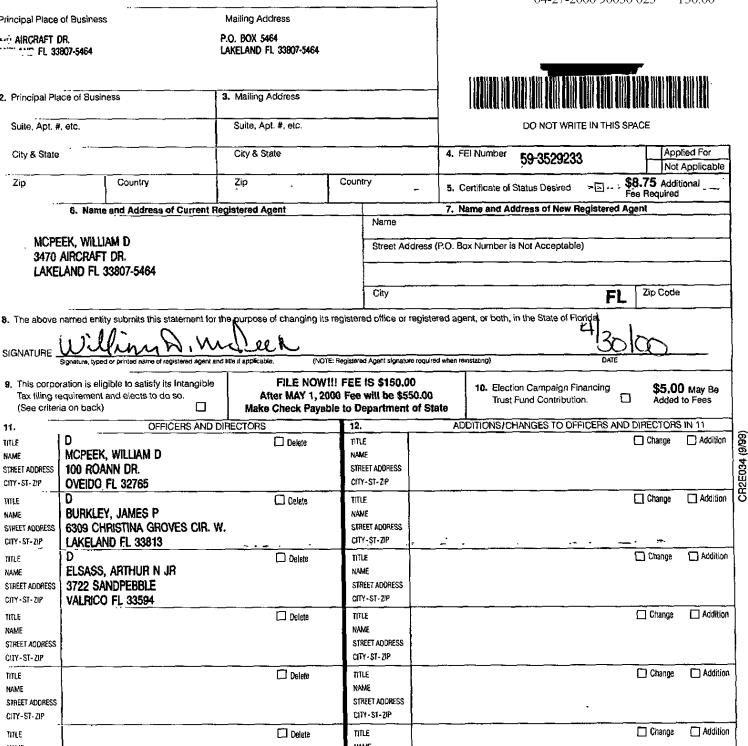
Name

City

City & State

## May 18, 2000 8:00 am Secretary of State

04-27-2000 90050 025 \*\*\*150.00



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 appowered.

SIGNATURE: $oldsymbol{L}$
---------------------------