

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002232

1. Entity Name
JUDITH SPRING, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90061 023 ***150.00

Principal Place of Business
3855 MAJESTIC PALM WY
DELRAY BEACH FL 33445

Mailing Address
3855 MAJESTIC PALM WY
DELRAY BEACH FL 33445

2. Principal Place of Business

3. Mailing Address
C/O CompuKeeper Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
1446 NW 2nd Ave. #105

City & State

City & State
Boca Raton, FL 33432

Zip

Country

Zip

Country

4. FEI Number
65-0884877

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPRING, JUDITH
% COMPUKEEPER
1446 NW 2ND AVE, #105
BOCA RATON FL 33432

Name
Judith Spring
Street Address (P.O. Box Number is Not Acceptable)
3855 Majestic Palm Way
City
Delray Beach FL Zip Code
33445

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  (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRING, JUDITH 3855 MAJESTIC PALM WY DELRAY BEACH FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  8-24-00 Daytime Phone #  581/037-5806

CR2E034 (5/00)

Attachment
P99000002232
D0082178

August 4, 2000

To: Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1505

Re: Judith Spring Inc.

P99000002232

Dear Sir or Madam:

I am enclosing the second notice of my renewal for the above Corporation and a check in the amount of \$150.00 for the renewal.

Please note that the original form was mailed to an incorrect mailing address and therefore was not processed in a timely manner.

I am respectfully requesting a one time abatement of the renewal penalty and have completed the correct mailing address on this renewal form.

Thank you in advance for your consideration.

Sincerely,

⑧ *Judith Spring* President
Judith Spring, President

cc:file