

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90454 047 \*\*\*150.00

**DOCUMENT # P99000033072**

**1. Entity Name**  
**SPURS' PALATKA INVESTMENTS, INC.**

**Principal Place of Business**

**921 SAINT JOHNS AVENUE  
 PALATKA FL 32177**

**Mailing Address**

**921 SAINT JOHNS AVENUE  
 PALATKA FL 32177**

**2. Principal Place of Business**

**101 SO 10TH ST**

Suite, Apt. #, etc.

**3. Mailing Address**

**P.O. BOX 158**

Suite, Apt. #, etc.

**City & State**

**PALATKA FLORIDA**

**City & State**

**SAN MATEO FLORIDA**

**Zip**

**32177**

**Country**

**PUTNAM**

**Zip**

**32187**

**Country**

**PUTNAM**

**4. FEI Number**

**59-3564159**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**HARRIS, JOHN K**

**923 SAINT JOHNS AVENUE  
 PALATKA FL 32177**

**7. Name and Address of New Registered Agent**

**Name**

**JOHN K. HARRIS**

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

**157 TRAM RD.**

**City**

**SAN MATEO**

**FL**

**Zip Code**

**32187**

**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**

*John K. Harris*

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4-8-02**

**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, 2002 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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HARRIS, JOHN K</b>	
<b>STREET ADDRESS</b>	<b>923 SAINT JOHNS AVENUE</b>	
<b>CITY-ST-ZIP</b>	<b>PALATKA FL 32177</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>HARRIS, JOSEPH JACKSON</b>	
<b>STREET ADDRESS</b>	<b>921 ST JOHNS AVE</b>	
<b>CITY-ST-ZIP</b>	<b>PALATKA FL 32177</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:**

*John K. Harris*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-02**

Date

**386-312-1010**

Daytime Phone #

CR2E034 (9/01)