

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
03-02-2001 90119 041 \*\*\*150.00

**DOCUMENT # P99000033127**

1. Entity Name  
**SPREADSHEET SPECIALISTS, INC.**

Principal Place of Business

Mailing Address

PO BOX 266646  
WESTON FL 33326  
US

PO BOX 266646  
WESTON FL 33326  
US

2. Principal Place of Business

3. Mailing Address

**13823 SW 42nd St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Davie, FL**

City & State

4. FEI Number **65-0914333**

Applied For

Not Applicable

Zip

**33330**

Country

**Broward**

Zip

Country

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

**ALLEN, THOMAS M II**  
**1400 MAJESTY TERRACE**  
**WESTON FL 33326**

Name

**Allen, Thomas M. II**

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

**13823 SW 42nd St.**

City

**Davie**

**FL**

Zip Code

**33330**

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

*J M. A. II*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/21/01**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, THOMAS M II</b>	
STREET ADDRESS	<b>1400 MAJESTY TERRANCE</b>	
CITY-ST-ZIP	<b>WESTON FL 33326</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Allen, Thomas M. II</b>	
STREET ADDRESS	<b>13823 SW 42nd St.</b>	
CITY-ST-ZIP	<b>Davie, FL 33330</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*J M. A. II* **Thomas M. Allen II**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/01**  
Date

**954-474-889**  
Daytime Phone #

CR2E034 (10/00)