

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90017 033 \*\*\*150.00

0452115

**DOCUMENT # P99000037760**

1. Entity Name

**SPENCER FOR HIRE TITLE SERVICES, INC.**

Principal Place of Business

719 TUMBLEBROOK DRIVE  
 PORT ORANGE FL 32127

Mailing Address

719 TUMBLEBROOK DRIVE  
 PORT ORANGE FL 32127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

719 Tumblebrook Drive

Suite, Apt. #, etc.

Port Orange, FL

City & State

32127

3. Mailing Address

719 Tumblebrook Drive

Suite, Apt. #, etc.

Port Orange, FL

City & State

4. FEI Number **52-2179883**

Applied For

Not Applicable

Zip

Country

Volusia

Zip

32127

Country

Volusia

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPENCER, THOMAS E**  
**719 TUMBLEBROOK DRIVE**  
**PORT ORANGE FL 32127**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

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

(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 \$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

TITLE **P** ☐ Delete  
 NAME **SPENCER, THOMAS**  
 STREET ADDRESS **719 TUMBLEBROOK DR.**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32127**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice-President** ☐ Change ☐ Addition  
 NAME **Matthew Spencer**  
 STREET ADDRESS **719 Tumblebrook Dr.**  
 CITY-ST-ZIP **Port Orange, FL 32127**

TITLE **Sec/Treas** ☐ Change ☐ Addition  
 NAME **Katherine Spencer**  
 STREET ADDRESS **719 Tumblebrook Dr.**  
 CITY-ST-ZIP **Port Orange, FL 32127**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **Tom Spencer** **Tom Spencer**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/01**  
 Date

**904-304-8333**  
 Daytime Phone #

CR2E034 (10/00)