


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90383 015 ***150.00

0014903
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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
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2. Principal Place of Business 719 Tumblebrook Dr.	3. Mailing Address 719 Tumblebrook Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Port Orange, FL	City & State Port Orange, FL
Zip 32127	Zip 32127
Country Volusia	Country Volusia

4. FEI Number 52-2179883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPENCER, THOMAS E 719 TUMBLEBROOK DRIVE PORT ORANGE FL 32127
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE (NOTE: Registered Agent signature required when reinstating)
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Tom Spencer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4-28-03	Daytime Phone # 386-304-8333
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CR2E034 (10/02)