

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053031

1. Entity Name

THE SPIRIT SHOPPE INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90140 044 ***158.75

Principal Place of Business

305 NE 1ST STREET
 GAINESVILLE FL 32601

Mailing Address

305 NE 1ST STREET
 GAINESVILLE FL 32601-5310

2. Principal Place of Business

4994 NW 39TH AVE

Suite, Apt. #, etc.

SUITE B

City & State

GAINESVILLE, FL

Zip

32606

Country

USA

3. Mailing Address

4994 NW 39TH AVE

Suite, Apt. #, etc.

SUITE B

City & State

GAINESVILLE, FL

Zip

32606

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3582076

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Edinger
 EDINGER, GARY S
 305 NE 1ST STREET
 GAINESVILLE FL 32601

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	CULLEN, LIZA	
STREET ADDRESS	3213 SW 125 ST	
CITY-ST-ZIP	ARCHER FL 32619	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULLEN, STUART	
STREET ADDRESS	3213 SW 125 ST	
CITY-ST-ZIP	ARCHER FL 32619	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE-PRESIDENT	<input checked="" 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

352-271-9018

Daytime Phone #

CR2E034 (9/99)