

2000 UNIFORM BUSINESS REPORT (UBR)

4/18

FILED
Jun 21, 2000 8:00 am
Secretary of State

04-18-2000 90247 010 ***150.00

DOCUMENT # P99000068059 R

1. Entity Name
SPRUCE CREEK PROPERTY RENTALS, INC.

Principal Place of Business
209-1 Cessna Blvd.
 1896 SPRUCE CREEK BLVD.
 DAYTONA BEACH FL 32124

Mailing Address
209-1 Cessna Blvd.
 1896 SPRUCE CREEK BLVD.
 DAYTONA BEACH FL 32124-6892



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
209-1 CESSNA BLVD
 Suite, Apt. #, etc.

3. Mailing Address
209-1 CESSNA BLVD.
 Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL.

City & State
DAYTONA BEACH, FL

Zip
32124

Country
FLORIDA

4. FEI Number
59-3594622

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPOTTEK, ROBERT F
~~1896 SPRUCE CREEK BLVD.~~ **209-1 CESSNA BLVD.**
 DAYTONA BEACH FL 32124

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
209-1 Cessna Blvd.
 City **FL** Zip Code

B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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 NAME STREET ADDRESS CITY-ST-ZIP	President Robert F. Spottek PDST 209-1 Cessna Blvd. Daytona Beach, FL 32124	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert F. Spottek Date: 1-14-00 Daytime Phone #: 904-762-4144

CR 1034 (9/99)