2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					May 05, 2003 8:00 am		
DOCU 1. Entity Nam	0068059			Secretary of State 05-05-2003 91166 041 ***150.00		Ą	
SPRUCE	CREEK PROPERTY RENTAL	LS, INC.					
Principal Place of Business  C/O SPOTTEK. ROBERT F.  C/O SPOTTEK. ROBERT F.  210 CESSNA BLVD. STE. F  DAYTONA BEACH FL 32124  Mailing Address  C/O SPOTTEK. ROBERT F.  210 CESSNA BLVD. STE. F  DAYTONA BEACH FL 32124							
201-	Place of Business  2 CESS NA BLUD  7, etc.	3. Mailing Address 201-2 CES	SSNA BO	عنا			
					CHECK HERE IF MAKING C	HANGES	
City & Stat		City & State			4. FEI Number 59-3594622	Applied For Not Applicable	
	Country  6. Name and Address of Current F	Zip 3alag	Country			3.75 Additional e Required	
	o. Haine and Address of Current P	legisteled Agent	Name			31K-	1
SPOTTEK		Street A	ddress (F	P.O. Box Number is Not Acceptable			
	sna BLVD, ste. F A Beach FL 32124						
		City	<u>.</u> .	FL	Zio Code		
	ions of registered agent.	ROL	registered office of SERT F. Registered Agent signal	SA		iliar with, and accept	
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.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND DI		ন
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Spottek, Robert F 210 Cessna Blvd, Ste. F Daytona Beach Fl 32124	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1-2 CESSNA BLUE DAYTONA BEACH, FO	Schange □ Addition  3 → 4 → 8	E034 (10/02)
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change Addition	CR2
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CITY-ST-ZIP			CITY-ST-ZIP	1			

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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition