

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90100 002 ***150.00

DOCUMENT # P99000081274

1. Entity Name

SOLOMON SPENCER ENTERPRISES, INC.

Principal Place of Business

**3000 NATIONSBANK PLAZA,
 400 N. ASHLEY DR.
 TAMPA FL 33602**

Mailing Address

**3000 NATIONSBANK PLAZA,
 400 N. ASHLEY DR.
 TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**400 N. Ashley Plaza
 Suite 3000
 Tampa, Florida
 33602 Hillsborough**

**400 N. Ashley Plaza
 Suite 3000
 Tampa, Florida
 33602 Hillsborough**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3602391**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOLOMON, STANFORD R
 3000 NATIONSBANK PLAZA, 400 N. ASHLEY DR.
 TAMPA FL 33602**

Name **same**

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

**400 N. Ashley Plaza
 Suite 3000**

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 **Stanford R Solomon**

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

(NOTE: Registered Agent signature required when reinstating)

1/10/01
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SOLOMON, STANFORD R**
 CITY-ST-ZIP **3000 NATIONSBANK PLAZA, 400 N. ASHLEY DR.
 TAMPA FL 33602**

TITLE ☒ Change ☐ Addition
 NAME **same**
 STREET ADDRESS **400 N. Ashley Plaza, Suite 3000**
 CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SPENCER, SABRINA**
 CITY-ST-ZIP **3000 NATIONSBANK PLAZA, 400 N. ASHLEY DR.
 TAMPA FL 33602**

TITLE ☒ Change ☐ Addition
 NAME **same**
 STREET ADDRESS **400 N. Ashley Plaza, Suite 3000**
 CITY-ST-ZIP **Tampa, Florida 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/01
 Date

813/225-1818
 Daytime Phone #

CR2E034 (10/00)