

2000 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
May 01, 2000 8:00 am
Secretary of State

02-16-2000 90137 040 ***150.00

DOCUMENT # P99000110668

1. Entity Name
SPIFF IT UP INC

Principal Place of Business 5311 SCENIC HWY. 30A SEAGROVE BCH FL 32459	Mailing Address 5311 SCENIC HWY. 30A SEAGROVE BCH FL 32459
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3621116	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILLINGIM, MARILYN
5311 SCENIC HWY. 30A
SEAGROVE BCH FL 32459

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 *Marilyn Fillingim* *President* *2-9-00*
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME FILLINGIM, MARILYN	
STREET ADDRESS 34 HERONS WATCH WAY	
CITY-ST-ZIP SEAGROVE, FL 32459	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME LYN LYLE	
STREET ADDRESS 204 STILLWOOD AVE	
CITY-ST-ZIP MOBILE, AL 36608	
TITLE LIBBY FILLINGIM, VICE PRESIDENT	<input type="checkbox"/> Delete
NAME LIBBY FILLINGIM, VICE PRESIDENT	
STREET ADDRESS 55 SHANNON LANE	
CITY-ST-ZIP SEAGROVE BEACH, FL 32459	
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	

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
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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: *Marilyn Fillingim* *MARILYN FILLINGIM* *2-9-00* *850-231-3533*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)