

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3621116	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**FILLINGIM, MARILYN**  
**5311 SCENIC HWY. 30A**  
**SEAGROVE BCH FL 32459**

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 Marilyn Fillingim, President DATE 2-9-00  
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. (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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>FILLINGIM, MARILYN</b>		NAME	
STREET ADDRESS <b>34 HERONS WATCH WAY</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SEAGROVE, FL 32459</b>		CITY-ST-ZIP	
TITLE <b>SECRETARY</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>LYN LYLE</b>		NAME	
STREET ADDRESS <b>204 STILLWOOD AVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MOBILE, AL 36608</b>		CITY-ST-ZIP	
TITLE <b>LIBBY FILLINGIM, VICE PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>LIBBY FILLINGIM, VICE PRESIDENT</b>		NAME	
STREET ADDRESS <b>55 SHANNON LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>SEAGROVE BEACH, FL 32459</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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** DATE 2-9-00 **850-231-3533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)