

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S22214

1. Entity Name  
SPENCER LIFT, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**  
04-27-2000 90071 023 \*\*\*150.00

Principal Place of Business  
201A TOWER DR  
OLDSMAR FL 34677  
US

Mailing Address  
201A TOWER DR  
OLDSMAR FL 34677-2964  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3051004**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
**MILEY, R. SPENCER**  
**201A TOWER DR**  
**OLDSMAR FL 34677**

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 \_\_\_\_\_ (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		
TITLE	<b>D</b> <input type="checkbox"/> Delete	
NAME	<b>MILEY, R. SPENCER</b>	
STREET ADDRESS	<b>201A TOWER DR</b>	
CITY-ST-ZIP	<b>OLDSMAR FL</b>	
TITLE	<b>D</b> <input type="checkbox"/> Delete	
NAME	<b>MILEY, PAUL J.</b>	
STREET ADDRESS	<b>17 MAPLEWOOD AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
TITLE	<b>D</b> <input type="checkbox"/> Delete	
NAME	<b>MILEY, NANCY A.</b>	
STREET ADDRESS	<b>17 MAPLEWOOD AVENUE</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1396 ViewTop Dr.</b>	
CITY-ST-ZIP	<b>CLEARWATER 33764</b>	
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
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: R. Spencer Miley **R. Spencer Miley** **4-20-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **813-854-5438**

CR2E034 (9/99)