

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90015 003 ***150.00

DOCUMENT # V24316

1. Entity Name

SPRY BUSINESS ENTERPRISES INC.

Principal Place of Business

Mailing Address

~~8105 NW 94TH AVE~~
TAMARAC FL 33321
US

~~8105 NW 94TH AVE~~
TAMARAC FL 33321
US

2. Principal Place of Business

8209 N Pine Island Rd

3. Mailing Address

8209 N Pine Island Rd

Suite, Apt. #, etc.

16

Suite, Apt. #, etc.

16

City & State

TAMARAC, FL

City & State

TAMARAC, FL

Zip

33321

Country

US

Zip

33321

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0347739

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

SPRY, STEVE

~~8105 NW 94TH AVE~~
TAMARAC FL 33321

Name

SPRY, STEVE

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

8209 N. Pine Island Rd

16

City

TAMARAC

FL

33321

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

[Signature] **DP STEVE Spry**

4/28/01

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, 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 **PD** ☐ Delete
 NAME **SPRY, STEVE**
 STREET ADDRESS ~~8105 NW 94TH AVE~~
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE **PD** ☒ Change ☐ Addition
 NAME **SPRY, STEVE**
 STREET ADDRESS **8209 N Pine Island Rd # 16**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **V** ☐ Delete
 NAME **CUCUNNATO, NICOLA**
 STREET ADDRESS **6936 NW 26**
 CITY-ST-ZIP **MARGATE FL 33063**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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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] **DP STEVE Spry**

4/28/01

954-562-9321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (10/00)