

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90311 012 ***150.00

DOCUMENT # **J71077**



1. Entity Name
GEORGE F. SPEIZIO INC.

Principal Place of Business

~~1249 STIRLING RD, #8~~
~~DANIA FL 33004~~

Mailing Address

~~1249 STIRLING RD, #8~~
~~DANIA FL 33004~~

2. Principal Place of Business

3725 PENNAKOE RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

A4

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33021

Country

Zip

Country

4. FEI Number

59-2806332

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SPEIZIO, GEORGE SR.

~~1249 STIRLING ROAD, #8~~
~~DANIA FL 33004~~

3725 PENNAKOE RD
SUITE A4
HOLLYWOOD FL 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SPEIZIO, GEORGE	
STREET ADDRESS	1249 STIRLING RD, #8	3725 PENNAKOE RD
CITY-ST-ZIP	DANIA FL 33004	SUITE A4 HOLLYWOOD FL 33021

TITLE	S	<input type="checkbox"/> Delete
NAME	SPEIZIO, GEORGE JR	
STREET ADDRESS	1249 STIRLING RD, #8	3725 PENNAKOE RD
CITY-ST-ZIP	DANIA FL 33004	SUITE A4 HOLLYWOOD FL 33021

11. 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date: **3/27/03**
Daytime Phone #: **954 920-5680**

CR2E034 (10/02)