

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90253 034 ***150.00

DOCUMENT # P98000002486

1. Entity Name
SPEED & COMPANY, CPA, P.A.

Principal Place of Business
**145 HORIZON COURT
 LAKELAND FL 33813**

Mailing Address
**145 HORIZON COURT
 LAKELAND FL 33813**

2. Principal Place of Business
2785 Summitview DR
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6747
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
LAKELAND FL

City & State
LAKELAND, FL

4. FEI Number **59-3484948**

Applied For
 Not Applicable

Zip **33813** Country **USA**

Zip **33807** Country **USA**

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

**MARTIN, E S JR
 200 LAKE MORTON DRIVE
 LAKELAND FL 33801**

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 _____
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.

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	SPEED, JERRY D	145 HORIZON COURT LAKELAND FL 33813	<input type="checkbox"/>
	D	SPEED, WILISA S	145 HORIZON COURT LAKELAND FL 33813	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		P.O. Box 6747	LAKELAND, FL 33807	<input type="checkbox"/>	<input type="checkbox"/>
		P.O. Box 6747	LAKELAND, FL 33807	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 863-646-1368
Date Daytime Phone #

CR2E034 (10/00)