

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728988

1. Entity Name

SPECTRE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SPECTRE ASSOCIATION
BOX 707
MARY ESTHER FL 32569-0707
US

65 NE LAURIE DRIVE
FT. WALTON BEACH FL 32548
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0788761

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

APPLEBY JERALD
65 NE LAURIE DR.
FT WALTON BCH FL FL 32548

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|--------------------|---------------------|----------------------------|-------|---------------------|-------------------------|----------------------------|
| P | GOWDIE, CLYDE C | 250 ANNABELLE DRIVE | FT. WALTON BCH, FL 32548 | P | SHOFFER, Timothy A. | 654 MERIONETH DR. | FT. WALTON BEACH, 32547 |
| D | SPENCER, DUANE A | 27 MIRACLE DRIVE | MARY ESTHER FL 32569 | D | PEARSON, Angelo | 3088 JESSICA WAY | NAYARR, FL 32566-2846 |
| T | APPLEBY, JERALD | 65 NE LAURIE DR. | FT. WALTON BCH, FL 32548 | D | MOSE, JEFF | 69 OLDE CYPRESS CIR. NW | FT WALTON BEACH 32548-4637 |
| D | THRASHER, J R | 4528 PARKWOOD LANE | NICEVILLE FL 32578 | | | | |
| D | GAUDETTE, GLENN | 40 BAYWOOD CT, NW | FORT WALTON BEACH FL 32548 | | | | |
| D | KINKAID, RAYMOND E | 390 BRIAN CIRCLE | MARY ESTHER FL 32569 | | | | |

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 617, 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2002 850-243-2462

Date

Daytime Phone #

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90162 005 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)