

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90360 013 ***158.75

DOCUMENT # F99000005587

1. Entity Name
SPEC INTERNATIONAL, INC.

Principal Place of Business 1530 EASTERN AVE. SE GRAND RAPIDS MI 49509	Mailing Address 1530 EASTERN AVE. SE GRAND RAPIDS MI 49509
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C0054813



DO NOT WRITE IN THIS SPACE

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 38-3082183 ✓	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALVAREZ, DIGNA B ✓
1800 WEST 49TH ST., STE. 324 D
HIALEAH FL 33012

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, 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

TITLE	C <input type="checkbox"/> Delete
NAME	SMIT, JACK ✓
STREET ADDRESS	1530 EASTERN AVE. SE
CITY-ST-ZIP	GRAND RAPIDS MI
TITLE	P <input type="checkbox"/> Delete
NAME	STEPHENSON, J. MARCUS ✓
STREET ADDRESS	1530 EASTERN AVE. SE
CITY-ST-ZIP	GRAND RAPIDS MI 49507
TITLE	V <input type="checkbox"/> Delete
NAME	TERPSTRA, LEE M ✓
STREET ADDRESS	1530 EASTERN AVE. SE
CITY-ST-ZIP	GRAND RAPIDS MI 49507
TITLE	ST <input type="checkbox"/> Delete
NAME	STEPHENSON, ORALANDO W
STREET ADDRESS	1530 EASTERN AVE. SE
CITY-ST-ZIP	GRAND RAPIDS MI 49507
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 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 April 2001 2162483072
 Date Day-mo Phone #

CR2E034 (10/00)