

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90277 006 ***558.75

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3082183**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVAREZ, DIGNA B
1800 WEST 49TH ST., STE. 324 D
HIALEAH FL 33012**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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]* **SIGNATURE REQUIRED** 87-03

616 248 3022

CR2E034 (4/03)