

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90091 004 \*\*\*150.00

**DOCUMENT # L06831**

1. Entity Name  
**THE SPIESS GROUP, INC.**

Principal Place of Business

**7024 TRYSAIL CIR.  
 TAMPA FL 33607  
 US**

Mailing Address

**P.O. BOX 1550  
 GRANBY CO 80446  
 US**

2. Principal Place of Business

**3607 DANFORTH PL.  
 Suite, Apt. #, etc.  
 Tampa FL  
 City & State**

3. Mailing Address

**3607 DANFORTH H  
 Suite, Apt. #, etc.  
 Tampa FL  
 City & State**



DO NOT WRITE IN THIS SPACE

Zip **33607**

Country **Hills.**

Zip

**33607**

Country **Hills**

4. FEI Number

**59-2960124**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH JUDITH, S  
 7024 TRYSAIL CIRC.  
 TAMPA FL 33607**

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

*Judith Smith*

Signature (Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-28-02**

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, 2002 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	<b>PVD</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, JUDITH</b>	
STREET ADDRESS	<b>7024 TRYSAIL CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WHITE, ELIZABETH K</b>	
STREET ADDRESS	<b>3251 CR 60</b>	
CITY-ST-ZIP	<b>GRANBY CO 80446-1550</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PVD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH JUDITH</b>	
STREET ADDRESS	<b>3607 DANFORTH PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
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:

*Judith Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-02 813-282-1531**

Date

Daytime Phone #

CR2E034 (9/01)