

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
May 02, 2003 8:00 am  
Secretary of State

05-02-2003 90728 001 \*\*\*150.00

0455022 AV

**DOCUMENT # L06831**

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



Principal Place of Business  
**THE SPIESS GROUP INC  
3607 DANFORTH PL  
TAMPA FL 33607  
US**

Mailing Address  
**THE SPIESS GROUP INC  
3607 DANFORTH PL  
TAMPA FL 33607  
US**



2. Principal Place of Business  
**THE SPIESS GROUP INC.**

Suite, Apt. #, etc.  
**11940 Whisper Creek Dr.**

City & State  
**Riverview FL.**

Zip  
**33569**

Country  
**Hillsborough**

3. Mailing Address  
**THE SPIESS GROUP INC.**

Suite, Apt. #, etc.  
**11940 Whisper Creek Dr.**

City & State  
**Riverview FL.**

Zip  
**33569**

Country  
**Hillsborough**

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2960124**

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

Applied For  
 Not Applicable

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  
**Judy Smith (Judith S)**

Street Address (P.O. Box Number is Not Acceptable)  
**11940 Whisper Creek Dr.**

City  
**Riverview**

State  
**FL**

Zip Code  
**33569**

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 *Judy Smith* DATE **4-29-03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD SMITH, JUDITH 3607 DANFORTH PL TAMPA FL 33607</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES. Judy Smith 11940 Whisper Creek Dr. Riverview FL. 33569</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Judy Smith* DATE: **4-29-03** DAYTIME PHONE: **813-289-1531**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)