

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90178 033 \*\*\*150.00

DOCUMENT # **L 86784**  
1. Entity Name  
**SPCS, Inc**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1491 New Castle Terr**  
Suite, Apt. #, etc.

3. Mailing Address  
**Same**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Wellington, FL**

City & State

Zip  
**33414**

Country  
**FL**

4. FEI Number  
**65-0204775**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

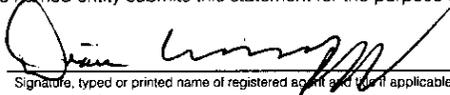
Name  
**Diane McConaughay**

Street Address (P.O. Box Number is Not Acceptable)  
**1491 New Castle Terr**

City  
**Wellington FL**

Zip Code  
**33414**

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  DATE **4/22/02**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

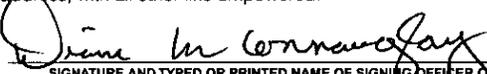
**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP McConaughay, Stephen P. 2093 Vining Cir # 705 Wellington, FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVTS McConaughay, Diane M. 1491 New Castle Terr Wellington FL 33414</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Diane McConaughay** DATE **4/22/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)