

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000003104**1. Entity Name
SPEC-TEC SALES SOUTH, INC.

Principal Place of Business 4100 N POWERLINE RD, SUITES R1, R2 POMPANO BEACH FL 33073	Mailing Address 4100 N POWERLINE RD, SUITES R1, R2 POMPANO BEACH FL 33073
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2. Principal Place of Business 4100 N POWERLINE RD, SUITE R5	3. Mailing Address 4100 N POWERLINE RD, SUITE R5
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
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4. FEI Number 65-0972530	Applied For <input type="checkbox"/> Not Applicable
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Zip 33073	Country	Zip 33073	Country
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5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

GOLDWIRE JOHN
4100 N POWERLINE RD, SUITES R1, R2

POMPANO BEACH FL 33073

Name
GOLDWIRE JOHN
Street Address (P.O. Box Number is Not Acceptable)
4100 N POWERLINE RD, SUITE R5

City
POMPANO BEACH FL Zip Code
33073

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 _____ **01/29/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HEINMAN CARL 2911 OLD WINTER GARDEN RD ORLANDO FL 32805 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBBINS DAVID SCOTT 4100 N POWERLINE RD, SUITE R5 POMPANO BEACH FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBBINS DAVID SCOTT 4100 N POWERLINE RD, SUITES R1, R2 POMPANO BEACH FL 33073 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDWIRE JOHN 4100 N POWERLINE RD, SUITE R5 POMPANO BEACH FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDWIRE JOHN 4100 N POWERLINE RD, SUITES R1, R2 POMPANO BEACH FL 33073 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDWIRE JOHN 4100 N POWERLINE RD, SUITE R5 POMPANO BEACH FL 33073 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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"/> Delete
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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"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JOHN GOLDWIRE

PD 01/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)