

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90052 030 ***150.00

DOCUMENT # P00000114491

1. Entity Name
SPECWISE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7347 LAKE WORTH ROAD
Suite, Apt. #, etc.

3. Mailing Address
7347 LAKE WORTH RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number
65-1064580

Applied For
Not Applicable

Zip
33467

Country
U.S.A

Zip
33467

Country
U.S.

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
LILLY, JOSEPH P

Street Address (P.O. Box Number is Not Acceptable)
7347 LAKE WORTH RD

City
LAKE WORTH

FL

Zip Code
33467

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
DP
KAYE, ROBERT J
7347 LAKE WORTH RD
LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
LILLY, JOSEPH P
7347 LAKE WORTH RD
LAKE WORTH, FL 33467

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

SIGNATURE:

ROBERT J. KAYE Pres

4/23/02

561-995-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #