

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91307 004 \*\*\*150.00

**DOCUMENT # P01000001101**

1. Entity Name  
**SPIESS ENTERPRISES, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>109 SHOMATE DRIVE<br/>LONGWOOD FL 32750</b> | Mailing Address<br><b>109 SHOMATE DRIVE<br/>LONGWOOD FL 32750</b> |
|---|---|

**657997**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |   |  |                                       |  |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br><b>59-3686425</b>                        |  | Applied For                           |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | Not Applicable  |  |                                       |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |  |
| Zip                            | Country | Zip                 | Country |   |  |                                       |  |

|   |  |  |  |  |  |          |  |
|---|--|--|--|--|--|----------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>SPIESS, DEBORAH A<br/>109 SHOMATE DRIVE<br/>LONGWOOD FL 32750</b> |  |  |  | 7. Name and Address of New Registered Agent        |  |          |  |
| Name  |  |  |  | Name   |  |          |  |
| Street Address (P.O. Box Number is Not Acceptable)  |  |  |  | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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) <input checked="" type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2001 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS                     |   |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|--|---|---------------------------------|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>SPIESS, DEBORAH A<br/>109 SHOMATE DRIVE<br/>LONGWOOD FL 32750</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>SPIESS, PAUL E<br/>109 SHOMATE DRIVE<br/>LONGWOOD FL 32750</b>    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Deborah A. Spiess Deborah A. Spiess 05/11/01 407 339-0109 HM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment

657997

DOCS# PO1000001101

SPIESS ENTERPRISES, INC.  
109 Shomate Drive  
Longwood, FL 32750-3031

Division of Corporation  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

May 11, 2001

To whom it may concern:

Re: 2001 Uniform Business Report  
Document # PO1000001 101

Having a business of my own has been a bit overwhelming, and as you will note I am not getting it all together like I should. It has come to my attention that I am delinquent with returning the above document to your office on time.

I do have an explanation for part of the delinquency and hopefully it will be acceptable so that the delinquent fee will be waived. Our family, as a whole, has experienced several medical traumas over the last six months and the mail has been gathered and stacked unfortunately for much of the time. This past week, we were sorting through some of the piles and came across the above document. My husband phoned the state office and spoke with a gentleman. The man's suggestion was to mail the check for \$150.00 and a written explanation for the delinquency.

So, please find enclosed a check for \$150.00. We are working diligently to get our business organized in such a way that all taxes and fees are paid in a timely fashion.

Sincerely,



Deborah A. Spiess  
President