

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

09-08-2003 90309023 ***150.00
P01000006576

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DOCUMENT # P01000006576

1. Entity Name
SPEER INC.



FILED

03 SEP 30 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
25483 PINSON DR
BONITA SPRINGS FL 34135

Mailing Address
25483 PINSON DR
BONITA SPRINGS FL 34135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPEER, ALFONS H
9902 7TH STREET
NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Bonita Springs

FL

Zip Code

34135

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEER, ALFONS H 9902 7TH STREET NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEER, THERESA L 9902 7TH STREET NAPLES FL 34108	<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"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 1 - 03 948-4008

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90154926

paycrw

Hensley
Company PA

CPA

The CPA. Never Underestimate The Value.

American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Certified Public Accountants

- Business & Personal Tax & Accounting
- Mortgages- Residential, SBA, Commercial

Friday, September 05, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Speer Inc.
Document #: P01000006576

Dear Sirs:

Please find my client's Uniform Business Report and check for \$150.00. The client never received the original Uniform Business Report. Please waive the penalty and interest and clear the account.

Thank you,

Respectfully,

Karey Rebello

Karey Rebello CPA
Hensley & Company, PA