

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90669 044 ***150.00

DOCUMENT # **PO 1000024661**

1. Entity Name

~~SPEARS VINYL SIDING, INC.~~
NAME CHANGED TO:
SAFFET MASTERS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

36147 VIA GRAN
Suite, Apt. #, etc.

3. Mailing Address

36147 VIA GRAN
Suite, Apt. #, etc.

94078657

DO NOT WRITE IN THIS SPACE

City & State

GRAND ISLAND, FL

City & State

GRAND ISLAND, FL

4. FEI Number

59-3704251

Applied For

Not Applicable

Zip

32135-9625

Country

USA

Zip

32135-9625

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

SPEARS, JEFFREY A.

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

36147 VIA GRAN

City

GRAND ISLAND FL

Zip Code

32135 9625

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP JEFFREY A. SPEARS
36147 VIA GRAN
GRAND ISLAND, FL 32135-9625**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P ANGELA D. SPEARS
36147 VIA GRAN
GRAND ISLAND, FL 32135-9625**

TITLE
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IN THIS SPACE**

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

SIGNATURE:

Jeffrey A. Spears
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFFREY A. SPEARS
FRES.

Date 4/28/04 Daytime Phone

DATE SIGNED

CR2E034B (12/02)