2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000034299

1. Entity Name

SPECSIG INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90293 019 ***150.00

<u> </u>				_	WE					
Principal Place of Business 3214 HEATHER GROVE CT JACKSONVILLE FL 32223		3214 HEA	Mailing Address 3214 HEATHER GROVE CT JACKSONVILLE FL 32223			60006734				
2. Principal F	Place of Business	3. Mailing A	ddress							
Suite, Apt.	# oto]				
	<u> </u>	Suite, Apt					CHECK HERE	IF MAKING	CHANGE	S
City & Stat		City & Sta	te			4. FEI Number	59-3707330		-	Applied For Not Applicable
Zip	Country	Zip		Country		5. Certificate of	Status Desired	П	\$8.75 A	
	6. Name and Address of Cur	rent Registered Age	ent .	<u> </u>		<u></u> .		_	Fee Requi	red
	الأرابية والأرادية الميارية			Name	 -	/. Name and Ad	dress of New Ro	egistered /		
DAUGHERTY, LISA S				<u>L</u>			•		• •	
	ATHER GROVE CT			Street	Address (F	P.O. Box Number is	Not Acceptable)			
	WILLE FL 32223					-	·-	-		
				<u> </u>						
				City			, ,	FL	Zip Co	de
8. The above	named entity submits this stateme ions of registered agent.	nt for the purpose of	changing its re	aistered office	or registere	ed agent, or both, is	n the State of Flor			
the obligati	ions of registered agent.		0 0 • •		, rogistoro	o agent, or both, i	ii iile state oi rior	ica. i am n	amıllar witr	n, and accept
SIGNATURE _										
	Signature, typed or printed name of registered a						_			
		igent and title if applicable.	(NOTE: R	Registered Agent signa	ture required w	when reinstating)		DATE		
		agent and title if applicable.	(NOTE: R	Registered Agent signa	ture required w	when reinstating)		DATE		
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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 changed, or on an attachment with an address with all other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

resident 1/13/03

904-2388-6720

CR2E034 (10/02)