

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000088078

## 1. Entity Name

SPIRE CONTROLS, INC.

## Principal Place of Business

6105 SAVOY CIRCLE  
LUTZ FL 33558

## Mailing Address

6105 SAVOY CIRCLE  
LUTZ FL 33558

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

## 4. FEI Number

65-1138502

Applied For

Not Applicable

## 5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HAMILTON, THEODORE J  
2625 PARK TOWER  
400 NORTH TAMPA STREET  
TAMPA FL 33602

## Name

ALBERT HO

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

6105 SAVOY CIRCLE

LUTZ

City

FL

Zip Code

33558

## 7. Name and Address of New Registered Agent

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)

ALBERT HO (VP)

(NOTE: Registered Agent signature required when reinstating)

4/22/2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE PD  Delete  
NAME LANCE, SHAWN  
STREET ADDRESS 428 EL CERRITO WAY  
CITY-ST-ZIP GILROY CA 95020TITLE VICE PRESIDENT  Change  Addition  
NAME HO, ALBERT  
STREET ADDRESS 6105 SAVOY CIRCLE  
CITY-ST-ZIP LUTZ FL 33558TITLE TSD  Delete  
NAME HO, ALBERT  
STREET ADDRESS 6105 SAVOY CIRCLE  
CITY-ST-ZIP LUTZ FL 33558TITLE VICE PRESIDENT  Change  Addition  
NAME LANCE, SHAWN  
STREET ADDRESS 428 EL CERRITO WAY  
CITY-ST-ZIP GILROY CA 95020TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

APRIL 22, 2002

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AREA TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT HO  
(VP)813-909-2253  
Daytime Phone #