Amended Report

09-04-2002 90087 012 ****61.25
P01000107087
FILED

02 SEP -9 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

978089

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000107087

1. Entity Name
Spec Systems, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1455 N. Berkley	1455 N. Berkley
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Auburndale, FL	City & State: Auburndale, FL
Zip: 33823 Country: USA	Zip: 33823 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3754980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: W.C. Keith
Street Address (P.O. Box Number is Not Acceptable): 1517 Commercial Park Dr.
City: Lakeland FL Zip Code: 33801

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Dean, George R.	NAME	
STREET ADDRESS	1455 N. Berkley	STREET ADDRESS	
CITY-ST-ZIP	Auburndale, FL 33823	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	Ellison, Ricky J.	NAME	
STREET ADDRESS	9821 Fox Central	STREET ADDRESS	
CITY-ST-ZIP	Polk City, FL 33868	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

JB 9/9

CR2E034B (12/01)

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

SIGNATURE: [signature] George Roy Dean 8/28/02 863-968-1866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #