

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000112371**

1. Entity Name  
**THE SPIEGEL AGENCY, INC.**



**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90533 026 \*\*\*150.00

Principal Place of Business  
**11406 S SAN JOSE BLVD  
JACKSONVILLE FL 32223-7235  
US**

Mailing Address  
**11406 S SAN JOSE BLVD  
JACKSONVILLE FL 32223-7235  
US**

2. Principal Place of Business

**11406-5 San Jose Blvd**

Suite, Apt. #, etc.

City & State **S/A**

Zip

Country

3. Mailing Address

**11406-5 San Jose Blvd**

Suite, Apt. #, etc.

City & State **S/A**

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3757208**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GLAZIER & GLAZIER, P.A.  
8825 PERIMETER PARK BLVD.  
SUITE 504  
JACKSONVILLE FL 32216**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
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**

TITLE **D** ☐ Delete  
NAME **SPIEGEL, THOMAS**  
STREET ADDRESS **3200 HARTLEY ROAD #227**  
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 information.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/14/03 904-288-0481**

CR2E034 (10/02)