

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 17, 2003 8:00 am
Secretary of State

05-21-2003 90083 038 ***550.00

DOCUMENT # P02000073141 *(L)*

1. Entity Name
THE SPYMASTERS, INC.

Principal Place of Business
4195 SOUTHSIDE BLVD
JACKSONVILLE FL 32256

Mailing Address
4195 SOUTHSIDE BLVD
JACKSONVILLE FL 32256

55048737

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip **Country**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
DUGGER, CHRISTOPHER W
4195 SOUTHSIDE BLVD
JACKSONVILLE FL 32256

4. FEI Number 03-0472032

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name RICHARD B. DWYER
Street Address (P.O. Box Number is Not Acceptable) 4195 SOUTHSIDE BLVD # 105
City JACKSONVILLE **FL** **Zip** 32216

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 RICHARD B. DWYER *(Signature)* *(Registered Agent signature required when reinstating)* **DATE** 5-19-03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DUGGER, CHRISTOPHER W	
STREET ADDRESS	4195 SOUTHSIDE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MAGYAR, MATTHEW	
STREET ADDRESS	4195 SOUTHSIDE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DWYER, RICHARD B	
STREET ADDRESS	4195 SOUTHSIDE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.S.T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *(Signature)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-03 (904) 997-0000
Date **Daytime Phone #**

CR2E034 (10/02)