


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0487366 AV

DOCUMENT # P94000090114

1. Entity Name
SPECIAL PRODUCTS ENGINEERING, INCORPORATED



FILED
03 AUG 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
207 S. LINCOLN AVE.
CLEARWATER FL 33756

Mailing Address
207 S. LINCOLN AVE.
CLEARWATER FL 33756



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3282619**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GAMETTE, DOUGLAS
207 S. LINCOLN AVE.
CLEARWATER FL 33756

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 _____ (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	DCP	<input type="checkbox"/> Delete
NAME	GAMETTE, DOUGLAS	
STREET ADDRESS	207 S. LINCOLN AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MARSH, DEBBIE	
STREET ADDRESS	207 S LINCOLN AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	S	<input type="checkbox"/> Delete
NAME	FICKES, LINDA	
STREET ADDRESS	207 S LINCOLN AVE	
CITY-ST-ZIP	CLEARWATER FL 33756	
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		<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		

200022619132
08/28/03--01003--002 **150.00

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: Douglas Gamette **Douglas Gamette** 8/16/03 727-447-2771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment

Special Products Engineering, Inc.

207 South Lincoln Ave, Clearwater, FL 33756
Phone 727-447-2771

#P94000090114

To: Florida Department of State
Division of Corporations

To Whom It May Concern:

I am writing this letter to request that the penalty be waived on filing the Uniform Business Report after its due date. Unfortunately, the person who has been filing these annual forms for us these past years got a very severe poisoning to her central nervous system. Because of the situation with this illness, this annual form was missed. We have never filed late before.

We kindly request that the penalty be waived.

Sincerely,



Douglas Gamette