

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90083 016 ***150.00

DOCUMENT # P95000081659

1. Entity Name

SPECTEC, INC.

Principal Place of Business

6100 HOLLYWOOD BLVD
 STE 206
 HOLLYWOOD FL 33024
 US

Mailing Address

6100 HOLLYWOOD BLVD
 STE 206
 HOLLYWOOD FL 33024
 US

2. Principal Place of Business

6100 Hollywood Blvd

3. Mailing Address

SAME

Suite, Apt. #, etc.

410

Suite, Apt. #, etc.

410

City & State

Hollywood FL

City & State

SAME

Zip

33024

Country

US

Zip

SAME

Country

US

4. FEI Number

65-0615379

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

ANIS B LEMUR

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

2340 SW 67 LANE

MIRAMAR, FL 33023

City

MIRAMAR, FL

FL

Zip Code

33023

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/26/01

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, 2001 Fee will be \$550.00
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	P	<input checked="" type="checkbox"/> Delete
NAME	AVILA, JOHN A	
STREET ADDRESS	47 WEST PLAZA GRANADA	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BECKER, MICHAEL A	
STREET ADDRESS	4603 241ST AVENUE SE	
CITY-ST-ZIP	ISSAQUAH WA	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CHAIRMAN & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNE MARTINI, MR.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANIS BLEMMER, MR.	
STREET ADDRESS	2340 SW 67 LANE	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EINAR BOLSTAD, MR.	
STREET ADDRESS	6100 HOLLYWOOD BLVD # 206	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	5 BOARD SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN SNIDER, MS.	
STREET ADDRESS	209 SUNRISE HILL	
CITY-ST-ZIP	NORWALK, CT 06851	
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		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/26/01

Daytime Phone #

CR2E034 (10/00)