

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000018878****1. Entity Name**
SPEC-TEC MANUFACTURING, INC.**FILED**
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90016 037 ***150.00

Principal Place of Business**12247 NW 35 ST**
CORAL SPRINGS FL 33065
US**Mailing Address****12247 NW 35 ST**
CORAL SPRINGS FL 33065
US**2. Principal Place of Business****10794 NW 53rd St.**
Suite, Apt. #, etc.**3. Mailing Address****10794 NW 53rd St.**
Suite, Apt. #, etc.**City & State****Sunrise, FL.****City & State****Sunrise, FL.****4. FEI Number** **65-0650393****Applied For****Not Applicable****Zip****33351****Country****USA****Zip****33351****Country****USA****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BARRETT, CHARLES S**
12247 NW 35 ST
CORAL SPRINGS FL 33065**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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BARRETT, SCOTT	
STREET ADDRESS	12247 NW 35 ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHIARIZIO, MARTIN	
STREET ADDRESS	12247 NW 35 ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARRETT, TRACY	
STREET ADDRESS	12247 NW 35 ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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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**Daytime Phone #****C0032465**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

3-05-01 954-796-2445