FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am P96000018878 DOCUMENT # **Secretary of State** 1. Entity Name SPEC-TEC MANUFACTURING, INC. 02-04-2002 90185 005 ***150.00 Principal Place of Business Mailing Address 10794 NW 53RD ST 10794 NW 53RD ST SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0650393 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARRETT, CHARLES S Street Address (P.O. Box Number is Not Acceptable) 10794 NW 53rd Street 12247 NW 35 ST **CORAL SPRINGS FL 33065** 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition CR2E034 (9/01) Change BARRETT, SCOTT NAME NAME 12247 NW 35 ST 10794 NW 53 rd Street STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITY-ST-7IP Sunrise, Fl. 33351 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition CHIARIZIO, MARTIN NAME NAME 10794 NW 53 Street 12247 NW 35 ST STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIP Sunrice Fl. 33351 ☐ Delete TITLE **M** Change ☐ Addition BARRETT, TRACY NAME NAME 10794 NW 53 Street 12247 NW 35 ST STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.