

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90015 031 ***150.00

DOCUMENT # **P96000095030** ✓

1. Entity Name

E. SPEER & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 S. FEDERAL HWY

3. Mailing Address

7758 GEORGETOWN CHASE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 321

City & State

STUART, FLORIDA

City & State

ROSWELL, GEORGIA

Zip

Country

34994

Zip

Country

30075

4. FEI Number

65-0727572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ERLIND O SPEER

Street Address (P.O. Box Numbers Not Acceptable)

900 S FEDERAL HWY SUITE 321

City

STUART

FL

Zip Code

34994

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IN THIS SPACE**

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)

DATE

2/29/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
ERLIND O. SPEER
3391 SE KUTWANA COURT
STUART, FL 34997**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRET/TREAS.
SUSAN B. SPEER
3391 SE KUTWANA COURT
STUART, FL 34997**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] **ERLIND O SPEER**

2/29/02 678-595-0921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)