


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

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90043 044 ***150.00

| | |
|--|---|
| DOCUMENT # <u>P 97000071307</u> |  |
| 1. Entity Name <u>Spectacular Services, Inc.</u> | |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business <u>13481 87th Place</u> | 3. Mailing Address <u>13481 87th Place</u> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| City & State <u>Seminole, FL</u> | City & State <u>Seminole, FL</u> | 4. FEI Number <u>59-3462325</u> | Applied For <input type="checkbox"/> Not Applicable |
| Zip <u>33776</u> | Country <u>USA</u> | Zip <u>33776</u> | Country <u>USA</u> |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|---|
| Name <u>William Lovelace, ATTY</u> |
| Street Address (P.O. Box Number is Not Acceptable) <u>401 S Lincoln Ave</u> |
| City <u>Cleewater</u> |
| FL Zip Code <u>33756</u> |

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | | | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>President</u> <u>Lori H. Gibson</u> <u>13481 87th Place</u> <u>Seminole, FL 33776</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>V President</u> <u>R Wade Gibson</u> <u>13481 87th Place</u> <u>Seminole, FL 33776</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Sec/Treasurer</u> <u>Abbey J. Gibson</u> <u>13481 87th Place</u> <u>Seminole, FL 33776</u> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

727-459-4309

Daytime Phone #

CR2E034B (12/02)