


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

DOCUMENT # <i>P98000069029</i>			
1. Entity Name <i>Spy Shop Specialties, Inc.</i>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <i>2030 Castle Garden Ln</i> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <i>2030 Castle Garden Ln</i> <small>Suite, Apt. #, etc.</small>	
City & State <i>Naples, FL.</i>		City & State <i>Naples FL.</i>	
Zip <i>34110</i>	Country <i>Collier</i>	Zip <i>34110</i>	
DO NOT WRITE IN THIS SPACE		4. FEI Number <i>59-3529501</i>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name <i>John Sezonov</i> Street Address (P.O. Box Number is Not Acceptable) <i>2030 Castle Garden Ln.</i> City <i>Naples</i> FL Zip Code <i>34110</i>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>President</i> <i>John Sezonov</i> <i>2030 Castle Garden Ln.</i> <i>Naples FL 34110</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>900023815089</i> <i>10/15/03--01036--015 **550.00</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Emily Sezonov (V.P.)</i> <i>2030 Castle Garden Ln</i> <i>Naples, FL. 34110</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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: <i>Emily Sezonov</i>		Date <i>10-2-03</i>	Daytime Phone # <i>(239) 293-9714</i>

CR2E034B (12/02)

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

October 2, 2003

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Annual Report for Corporation
Spy Shop Specialties, Inc.

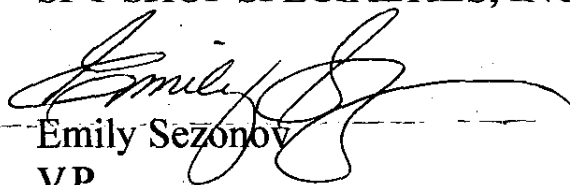
Gentlemen:-

Enclosed please find the Corporation Annual Report with late fee of \$550.00. I apologize for this being so late. I know this should have been in before May. My elderly parents live with us and my mother fell and broke her hip. It has been a very trying time and as a result my paperwork got buried. Believe me I do not relish the fact of paying \$550.00 instead of \$150.00.

I sincerely hope you will understand.

Very truly yours,

SPY SHOP SPECIALTIES, INC.


Emily Sezonov
V.P.

Enclosure/check#3317