

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90195 010 \*\*\*158.75

DOCUMENT # P99000019639

1. Entity Name  
SPICCIATO DEVELOPMENT, INC.



Principal Place of Business  
7541 THUNDERHEAD STREET  
WESLEY CHAPEL FL 33544

Mailing Address  
7541 THUNDERHEAD STREET  
WESLEY CHAPEL FL 33544



2. Principal Place of Business

624 Kingston Ct.

3. Mailing Address

P.O. Box 3496

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apollo Bch, FL

City & State

Apollo Bch, FL

Zip

33572

Country

USA

Zip

33572

Country

USA

4. FEI Number 65-0899278

Applied For  
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPEACH, VINCENT J JR.  
7541 THUNDERHEAD STREET  
WESLEY CHAPEL FL 33544

7. Name and Address of New Registered Agent

Name Edna M. Speech Do not change  
Street Address (P.O. Box Number is Not Acceptable)  
624 Kingston Ct.  
City Apollo Bch, FL Zip Code 33572

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SPEACH, EDNA M  
STREET ADDRESS 7541 THUNDERHEAD STREET  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE D ☐ Delete  
NAME SPEACH, VINCENT J JR.  
STREET ADDRESS 7541 THUNDERHEAD STREET  
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edna M. Speech  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 (813) 645-3964  
Date Daytime Phone #

CR2E034 (10/02)