

DOCUMENT # L06831

1. Entity Name  
THE SPIESS GROUP, INC.

APPROVED AND FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 OCT 24 AM 7:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
7024 TRYSAIL CIR.  
TAMPA FL 33607  
US

Mailing Address  
7024 TRYSAIL CIR.  
SUITE 400  
TAMPA FL 33607  
US

*Please change*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 1550  
Suite, Apt. #, etc.

City & State

City & State  
Granby Co

4. FEI Number 59-2960124  
Applied For  
Not Applicable

Zip Country

Zip Country  
80446

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SMITH JUDITH, S  
7024 TRYSAIL CIRC.  
TAMPA FL 33607

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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: *Judith S Smith* DATE: *10/20/00*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PVD SMITH, JUDITH S 511 TRADEWINDS DR INDIAN HARBOUR BEACH FL 32937 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITE, ELIZABETH K 3251 CR 60 GRANBY CO 80446-1550 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith Judith <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7024 Trysail Circle Tampa FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700003455687-1 -11/07/00-01097-005 ***750.00 ***750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT 2000**

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.  
SIGNATURE: *Elizabeth K White* DATE: *9/18/00* 970 887-2468  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ELIZABETH K WHITE Daytime Phone #

CR2E034 (5/00)