

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90001 049 ***150.00

DOCUMENT # F97000002410
 1. Entity Name
SPECIALTY PARTNERS, INC.

Principal Place of Business PO BOX 410 ST. AUGUSTINE FL 32085-0410	Mailing Address PO BOX 410 ST. AUGUSTINE FL 32085-0410
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2902265	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete THORNE, RICHARD A 1750 TREE BLVD. ST. AUGUSTINE FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DCEO PUENTE, ENRIQUE A 1750 TREE BLVD. ST. AUGUSTINE FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V PATRICK, FRANK 1750 TREE BLVD. ST. AUGUSTINE FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V SMITH, CLARENCE 1750 TREE BLVD. ST. AUGUSTINE FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VST OISTACHER, DENNIS 1750 TREE BLVD. ST. AUGUSTINE FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete AS WAGERS, THOMAS B 1750 TREE BLVD ST AUGUSTINE FL 32086

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas B. Wagers **Thomas B. Wagers**, 4-23-01 904-825-2008
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)