

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000002410

FILED  
May 01, 2002 8:00 AM  
Secretary of State

Entity Name: SPECIALTY PARTNERS, INC.

**Current Principal Place of Business:**

405 GOLFWAY WEST DRIVE  
ST. AUGUSTINE, FL 320958839

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9000  
ST. AUGUSTINE, FL 320859000

**New Mailing Address:**

FEI Number: 59-2902265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: THORNE, RICHARD A  
Address: 1750 TREE BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: DCEO ( ) Delete  
Name: PUENTE, ENRIQUE A  
Address: 1750 TREE BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: V ( ) Delete  
Name: PATRICK, FRANK  
Address: 1750 TREE BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: V ( ) Delete  
Name: SMITH, CLARENCE  
Address: 1750 TREE BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VST ( ) Delete  
Name: OISTACHER, DENNIS  
Address: 1750 TREE BLVD.  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: AS ( ) Delete  
Name: WAGERS, THOMAS B  
Address: 1750 TREE BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: THORNE, RICHARD A  
Address: 405 GOLFWAY WEST DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: DCEO (X) Change ( ) Addition  
Name: PUENTE, ENRIQUE A  
Address: 405 GOLFWAY WEST DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: V (X) Change ( ) Addition  
Name: PATRICK, FRANK  
Address: 405 GOLFWAY WEST DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: V (X) Change ( ) Addition  
Name: SMITH, CLARENCE  
Address: 405 GOLFWAY WEST DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VST (X) Change ( ) Addition  
Name: OISTACHER, DENNIS  
Address: 405 GOLFWAY WEST DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32905

Title: AS (X) Change ( ) Addition  
Name: WAGERS, THOMAS B  
Address: 405 GOLFWAY WEST DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32095

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS B. WAGERS

AS

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date