


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000002410					
1. Entity Name SPECIALTY PARTNERS, INC.					
Principal Place of Business 405 GOLFWAY WEST DRIVE ST. AUGUSTINE, FL 32095-8839			Mailing Address PO BOX 9000 ST. AUGUSTINE, FL 32085-9000		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		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			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)</small>					
FILE NOW!!!! FEB. 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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, RICHARD A		NAME		
STREET ADDRESS	405 GOLFWAY WEST DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	ST. AUGUSTINE, FL 32095		CITY-STATE-ZIP		
TITLE	DCEO	<input checked="" type="checkbox"/> Delete	TITLE	Sec/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PUENTE, ENRIQUE A		NAME	THOMAS WISSBAM	
STREET ADDRESS	405 GOLFWAY WEST DRIVE		STREET ADDRESS	407 GOLFWAY WEST DRIVE	
CITY-STATE-ZIP	ST. AUGUSTINE, FL 32095		CITY-STATE-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	ASST. Sec'y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK, FRANK		NAME	CHARLES COMPTON	
STREET ADDRESS	405 GOLFWAY WEST DRIVE		STREET ADDRESS	405 GOLFWAY WEST DRIVE	
CITY-STATE-ZIP	ST. AUGUSTINE, FL 32095		CITY-STATE-ZIP	ST. AUGUSTINE, FL 32095	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CLARENCE		NAME		
STREET ADDRESS	405 GOLFWAY WEST DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	ST. AUGUSTINE, FL 32095		CITY-STATE-ZIP		
TITLE	VST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OISTACHER, DENNIS		NAME		
STREET ADDRESS	405 GOLFWAY WEST DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	ST. AUGUSTINE, FL 32095		CITY-STATE-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGERS, THOMAS B		NAME		
STREET ADDRESS	405 GOLFWAY WEST DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	ST AUGUSTINE, FL 32095		CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <i>Thomas Wissham</i>				Date: <i>4/3/03</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)