

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/24/2003-90112-002-\$61.25-\$61.25

FILED

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03 MAY 19 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # G71532</b>			
1. Entity Name SPECIALTY MANAGEMENT COMPANY OF CENTRAL FLORIDA			
Principal Place of Business 444 W. NEW ENGLAND AVE STE B WINTER PARK FL 32789		Mailing Address 444 W. NEW ENGLAND AVE STE B WINTER PARK FL 32789	
2. Principal Place of Business 882 JACKSON AVENUE Suite, Apt. #, etc.		3. Mailing Address 882 JACKSON AVENUE Suite, Apt. #, etc.	
City & State WINTER PARK, FL		City & State WINTER PARK, FL	
Zip 32789	Country USA	Zip 32789	Country USA
4. FEI Number 59-2315139		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 MALCOM THOMAS 444 W. NEW ENGLAND AVE STE B WINTER PARK FL 32789		7. Name and Address of New Registered Agent Name: MALCOM THOMAS D. Street Address (P.O. Box Number is Not Acceptable): 882 JACKSON AVENUE City: WINTER PARK FL Zip Code: 32789	
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 a registered agent. SIGNATURE: <i>Malcom D. Malcom</i> Thomas D. Malcom 4/15/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			

<p><b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALCOM, THOMAS D. 444 W. NEW ENGLAND AVE -STE B WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500019320325 05/19/03--01060--013 **\$88.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JORDAN, BRETT M 444 W. NEW ENGLAND AVE STE B WINTER PARK FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500019320325 05/19/03--01067--006 **\$88.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- MALCOM, JOAN W 444 W. NEW ENGLAND AVE STE B WINTER PARK FL 32789 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jordan* SIGNATURE REQUIRED M. JORDAN 4/15/03 407-647-2622  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

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