

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90058 050 \*\*\*150.00

DOCUMENT # **J56486**

1. Entity Name  
**SPECIALTY MAUSOLEUMS, INC.**

**A0054301**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>5201 NW 37TH AVE. TAMARAC FL 33309 US</b>	Mailing Address <b>5201 NW 37TH AVE. TAMARAC FL 33309 US</b>
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2. Principal Place of Business <b>9150 NW 38<sup>TH</sup> DR Suite, Apt. #, etc. #103</b>	3. Mailing Address <b>9150 NW 38<sup>TH</sup> DR. Suite, Apt. #, etc. #103</b>
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City & State <b>CORAL SPRINGS, FL</b>	City & State <b>CORAL SPRINGS, FL</b>	4. FEI Number <b>65-0001470</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33065</b>	Country <b>US</b>	Zip <b>33065</b>	Country <b>US</b>

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**ALLEN, JERRY D.  
5201 NW 37TH AVE.  
TAMARAC FL 33309**

7. Name and Address of New Registered Agent  
 Name **RANDALL K. ALLEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9150 NW 38<sup>TH</sup> DR. #103**  
 City **CORAL SPRINGS, FL** Zip Code **33065**

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 **RANDALL K. ALLEN** PRESIDENT **Randall K. Allen** 4/13/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

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 \$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.  
 \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALLEN, RANDALL K. 9150 NW 38TH DR., APT. 103 CORAL SPRINGS FL	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, 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 empowers.

SIGNATURE: **Randall K. Allen** 4/13/01 (954) 753-1456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)