

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002585

1. Entity Name

ST. JOSEPH'S SPECIALTY SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90370 045 ****61.25

Principal Place of Business 3003 WEST DR. MARTIN LUTHER KING, JR BLVD. TAMPA FL 33607	Mailing Address 3003 WEST DR MARTIN LUTHER KING JR BLVD ATTENTION: FISCAL SERVICES TAMPA FL 33607-6307
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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

4. FEI Number 59-3244269	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

**MALLAH, ISAAC
 3003 WEST DR. MARTIN LUTHER KING JR BLVD.
 TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MALLAH, ISAAC		NAME <i>Wallace, George</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3003 WEST DR. MARTIN LUTHER KING, JR BLVD.		STREET ADDRESS <i>3003 W. Dr. Martin Luther King Blvd.</i>	
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP <i>Tampa FL 33607</i>	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME INZINA, T		NAME	
STREET ADDRESS 3003 WEST DR. MARTIN LUTHER KING, JR BLVD.		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33607		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AMEY, B		NAME	
STREET ADDRESS 3003 WEST DR. MARTIN LUTHER KING, JR BLVD.		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33607		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YELVINGTON, F		NAME	
STREET ADDRESS 3003 WEST DR. MARTIN LUTHER KING, JR BLVD.		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33607		CITY-ST-ZIP	
TITLE AS	<input checked="" type="checkbox"/> Delete	TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HILL, C		NAME <i>Dorsey, Sherry</i>	
STREET ADDRESS 1200 7TH AVENUE NORTH		STREET ADDRESS <i>406 Reo St., Suite 200</i>	
CITY-ST-ZIP ST PETERSBURG FL 33705		CITY-ST-ZIP <i>Tampa, FL 33609</i>	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AUBIN, M		NAME	
STREET ADDRESS 3003 W MLK BLVD		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP	

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 617, 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: *Sherry Dorsey* **RESHERYDORSEY** *4/17/00* *(813) 636 2002*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)