

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

042509

05-16-2001 90050 026 ***150.00

DOCUMENT # P99000045133

1. Entity Name
SPECIALTY MAT SERVICE, INC.

Principal Place of Business Mailing Address
13791 49TH ST. N., STE. 5B 13791 49TH ST. N., STE. 5B
CLEARWATER FL 33762 CLEARWATER FL 33762



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3725 U.S. ALT 19 N. 3725 U.S. ALT 19 N

Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT C UNIT C

City & State City & State
PALM HARBOR FL PALM HARBOR FL

4. FEI Number **59-3576727** Applied For
 Not Applicable

Zip Country Zip Country
34683 PINELLAS 34683 PINELLAS

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENNAN, WILLIAM
131 SABAL CT. APT. D
OLDSMAR FL 34677

Name **BRENNAN, WILLIAM**
 Street Address (P.O. Box Number is Not Acceptable)
3712 DESOTO BLVD
 City **PALM HARBOR FL** Zip Code **34683**

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 **WILLIAM S. BRENNAN** *[Signature]* **4-28-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BRENNAN, WILLIAM	
STREET ADDRESS	131 SABAL COON	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNAN WILLIAM	
STREET ADDRESS	3712 DESOTO BLVD.	
CITY-ST-ZIP	PALM HARBOR FL- 34683	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 or 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 empowered.

SIGNATURE: **WILLIAM S. BRENNAN** *[Signature]* **4-28-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)