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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 254373

1. Entity Name

Jack Pector Specialities Company

Principal Place of Business

11320 Fortune Circle
Bldg. G16
Wellington, FL 33414

Mailing Address

Same

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0948062

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Schuyler, Harold N.
4278 Imperial Isle Drive
Lake Worth, FL 33467-8645

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and the entity.

(NOTE: Registered Agent signature required when terminating)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE SD
NAME Rona Schuyler
STREET ADDRESS 4278 Imperial Isle Drive
CITY-STATE-ZIP Lake Worth, FL 33467 ☐ DeleteTITLE PD
NAME Harold Schuyler
STREET ADDRESS 4278 Imperial Isle Drive
CITY-STATE-ZIP Lake Worth, FL 33467 ☐ DeleteTITLE 201.25-AR
NAME
STREET ADDRESS 10.00-ARARTS
CITY-STATE-ZIP ☐ DeleteTITLE 88.75-ARSWPP
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

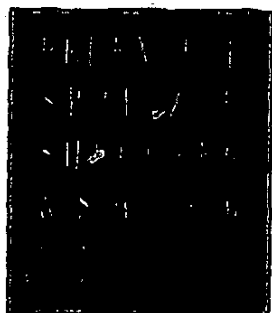
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
800004430068
-06/19/01--01075--009
****300.00 ****300.00TITLE
NAME
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CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
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NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition
00-01 UBR T8

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 reporting 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 and all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR TRUSTEE FOR

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April 27, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Jack Pector Specialties Corporation

Dear Agent,

Our client has asked that we write to your office requesting reinstatement with no penalty assessment for cause.

The facts are as follows:

Our client moved their offices in the year 2000 and never received last year's Uniform Business Report. I spoke with a representative from the Division (Kathy) who advised that we make a formal request in writing for a one-time waiver of the penalty due to innocent error. A review of the corporation's records will show that the annual reports were always timely filed.

We are submitting the current years annual report along with a check for \$300 to cover both the prior years and the current years filing fee.

We trust the enclosed will allow your office to bring the corporation current.

If you should have any questions, please do not hesitate in calling.

Very truly yours,

BERENFELD, SPRITZER, SHECHTER & SHEER

Barry Friedman, CPA

Enclosure