

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90122 014 ***150.00

DOCUMENT # 354533

1. Entity Name
BISCAYNE SPECIALTY CORPORATION



Principal Place of Business
P O BOX 725
KEYSTONE HEIGHTS FL 32656

Mailing Address
P O BOX 725
KEYSTONE HEIGHTS FL 32656



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1280191**

Applied For

Not Applicable

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

THRASHER, WILBERT

~~697 SE LAKEVIEW~~
KEYSTONE HEIGHTS FL 32656

*ADDRESS
CHG. ONLY*

Name

THRASHER, WILBERT

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

4484 S.E. 2ND AVENUE

City

KEYSTONE HTS

FL

Zip Code **32656**

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 registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **THRASHER, LAURA**
STREET ADDRESS ~~697 S.E. LAKEVIEW~~
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE *ADDRESS CHANGES ONLY* ☐ Change ☐ Addition
NAME **4484 S.E. 2ND AVENUE**
STREET ADDRESS **KEYSTONE HTS, FL. 32656**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **THRASHER, WILBERT**
STREET ADDRESS ~~697 S.E. LAKEVIEW~~
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE ☐ Change ☐ Addition
NAME **4484 S.E. 2 AVE**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **THRASHER, WILBERT**
STREET ADDRESS ~~697 S.E. LAKEVIEW~~
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

TITLE ☐ Change ☐ Addition
NAME **4484 S.E. 2 AVE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 12, 2003 (352) 473-3567

Date

Daytime Phone #

CR2E034 (10/02)