

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90009 041 ***150.00

DOCUMENT # 375113

1. Entity Name

INDUSTRIAL SPECIALTIES, INC.



Principal Place of Business

4201 NW OAK CIRCLE UNIT 47
BOCA RATON FL 33431

Mailing Address

4201 NW OAK CIRCLE UNIT 47
BOCA RATON FL 33431



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-1349685

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

BRACK, FRANK
87 LAREDO LANE
BOCA RATON FL 33487

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. 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 submitting for)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 DP ☐ Delete
NAME BRACK, FRANK
STREET ADDRESS 87 LAREDO LANE
CITY-ST-ZIP BOCA RATON FL

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

TITLE ST ☐ Delete
NAME BRACK, BARBARA
STREET ADDRESS 87 LAREDO LANE
CITY-ST-ZIP BOCA RATON FL

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

TITLE DV ☐ Delete
NAME BRACK, BARBARA
STREET ADDRESS 87 LAREDO LANE
CITY-ST-ZIP BOCA RATON FL

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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 exemptions contained in Section 119, 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 lines empowered.

SIGNATURE: *Barbara Brack*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/04/08

Use

Digitize From



ATTACHMENT
Industrial Specialties, Inc.

4201 N.W. Oak Circle Boca Raton, Florida 33431 Phone (561) 997-7292

7/25/2008

Barbara Brack
4201 NW Oak Circle
Boca Raton, Florida 33431

40112183
375113

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Attention Ms Michel Milligan

Enclosed you will find copies of the check and application that was mailed to your office for payment of

Doc # 375113 for Corporation Annual Report for 2008

After checking my statements it seems the check I sent never cleared.

I am asking you to waive the penalty fines.

I will cancel the previous check number 1739 of March 04, 2008

Your acknowledgement of this problem will be greatly appreciated.

Enclosed is a replacement check number 1749

Sincerely yours

Barbara Brack
ST DV
Barbara Brack

- Make check payable to Florida Department of State.
 Check must be payable in United States Funds and through a United States Bank.
 - Submit report with a separate check for each filing.
 - Changes must be typed or printed in ink and legible.
 - Sign report in block 12.
- ATTACHMENT**

ATTACHMENT

0000547 01 AV 0.312 --AUTO H3 Z 3502 33431-425947
INDUSTRIAL SPECIALTIES, INC.
4201 NW OAK CIRCLE UNIT 47
BOCA RATON FL 33431-4259

40112183

375113

Block 1. Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You cannot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6050, or download forms at www.sunbiz.org.

Block 2 & 3. If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. A Post Office Box cannot be used for the principal address. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable for the mailing address.

Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned to individuals. For assistance with FEI numbers, call the IRS at (800) 829-4933.

INDUSTRIAL CLASSIFICATION: BOX in Block 5 and include an additional \$8.75 with your filing fee.

Blor
INDUSTRIAL SPECIALTIES, INC.
561-395-4203
Blo 4201 N.W. Oak Cir., Unit 47
Boca Raton, FL 33431

Blo 4201 N.W. Oak Cir., Unit 47
Boca Raton, FL 33431

BIC Pay to the order of 21 Dentist 2/04/08 Date

Blk One Hundred Fifty \$ 150.00

WACHOVIA
Wachovia Bank, N.A.
www.wachovia.com

B For Doc# 375113

Barbara Drack

Officers/Directors must provide an address. Florida Statutes require a physical address so that the state can locate the person. This is an affirmation under oath that no other address is available.

Block 12. This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10, Block 11 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

Mail completed report to:

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call
(850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

↑ Fold report so address appears in window ↑

1st MOORE

CR2E034 (10/07)