## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

632064

**DOCUMENT #** 

## **FILED** May 12, 2003 8:00 am Secretary of State 04-18-2003 90204 010 \*\*\*150.00

| 1. Entity Nam<br>FLORIDA  | SPECIALTY SALES, INC.  | •                   |                                   |                                       |   |                              |                    |                |                     |                     |  |
|---|--|---------------------|-----------------------------------|---------------------------------------|---|------------------------------|--------------------|----------------|---------------------|---------------------|--|
| Principal Place 700 GULF BI LONGBOAT  | Mailing Address<br>POST OFFICE BOX 8237<br>LONGBOAT KEY FL 34228 | T OFFICE BOX 8237   |                                   |                                       |   |                              |                    | )399<br>       |                     |                     |  |
| 2. Principal F  | 3. Mailing Address   | Mailing Address     |                                   |                                       |   |                              |                    |                |                     |                     |  |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc. | Suite, Apt. #, etc.               |                                       |   | CHECK HERE IF MAKING CHANGES |                    |                |                     |                     |  |
| City & Stat   | е  | City & State        |                                   |                                       | 4.  | FEI Number                   | 59-1923113         |                | Applie<br>Not A     | ed For<br>oplicable |  |
| Zip   | Country  | Zip                 | ry                                | 5.                                    | 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   |  |                     |                                   |                                       |   |                              |                    |                |                     |                     |  |
| 700 GUL   | N, HUGH J., JR.<br>F BAY ROAD<br>AT KEY FL 34228                 |                     | }                                 |                                       | ess (P.O. E   | Sox Number is                | Not Acceptable)    | 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 typed or plinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |  |                     |                                   |                                       |   |                              |                    |                |                     |                     |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00.  Make Check Payable to Florida Department of State  Make Check Payable to Florida Department of State  |  |                     |                                   |                                       |   |                              |                    | lay Be<br>Fees |                     |                     |  |
| 10.   | OFFICERS AND:  |                     | 11.                               | <del></del>                           |   |                              | ANGES TO OFFIC     |                |                     |                     |  |
| NAME -<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>SCANLON, HUGH J JR.<br>1361 SAGO CT<br>DUNEDIN FL 34698    |                     |                                   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |   | 5.<br>109h                   | T. SCAN<br>SULFBA  | LON JA         | nge [<br>].<br> /22 | CREGORY (10/02)     |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | DUNEDIN'S E STOOD  | ☐ Celtite           | TITLE<br>NAME                     | T ADD RESS                            | :   |                              | <del>1916317</del> |                |                     | Addition S.         |  |
| TITLE  NAME  STREET ADDRESS CITY-ST-ZIP   | real desirements   | Delete              | TITLE NAME STREET CITY-S          | ADORESS<br>ST-ZIP                     | ·   |                              |                    | ☐ Ch₂          | nge [               | Addition            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete            | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS .                             |   |                              |                    | Cha            | nge 🗆               | Addition .          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | □ Delete            | TITLE<br>NAME<br>STREET<br>CITY-S | ADORESS<br>IT-ZIP                     | _ ر   |                              | -                  | ☐ Cha          | nge 🗀               | Addition            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Delete            | CITY-S                            |                                       |   |                              |                    | ☐ Cha          |                     | Addition            |  |
| 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. |  |                     |                                   |                                       |   |                              |                    |                |                     |                     |  |