

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004776

1. Entity Name
NATIONAL SPECIALTY SALES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90033 020 ***150.00

Principal Place of Business
**6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216**

Mailing Address
**6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216**

2. Principal Place of Business
6630 Southpoint Pkwy
Suite, Apt. #, etc.

3. Mailing Address
6630 Southpoint Pkwy
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-3656352**

Applied For
Not Applicable

Zip
32216

Country
USA

Zip
32216

Country
USA

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CCEO
CHARTRAND, GARY
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
Chartrand, Gary
6630 Southpoint Pkwy
Jacksonville, FL 32216** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCSP
MCCLUNG, ROGER L
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Gronowski, Jamie
6630 Southpoint Pkwy
Jacksonville, FL 32216** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
DIAZ, MICHAEL K
6850 BELFORT OAKS PLACE
JACKSONVILLE FL 32216** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Ramsey, Sandra
6630 Southpoint Pkwy
Jacksonville, FL 32216** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
McClung, Roger L.
6630 Southpoint Pkwy
Jacksonville, FL 32216** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Pinsiecki, Drew
6630 Southpoint Pkwy
Jacksonville, FL 32216** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

904-281-7800

Daytime Phone #

CR2E034 (10/00)