

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F70225

Amended eff 1/1/2000

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90023 029 \*\*\*150.00

1. Entity Name

**SPECIAL COVERAGES INCORPORATED**

to - "Mary M Burns, Inc."

Principal Place of Business

Mailing Address

3500 KOGER BLVD. NO.  
SUITE 100  
ST PETERSBURG FL 33702-2433  
US

P.O. BOX 21204  
ST PETERSBURG FL 33742-1204  
US

2. Principal Place of Business

3. Mailing Address

5644 Hobson St NE  
Suite, Apt. #, etc.

5644 Hobson St NE  
Suite, Apt. #, etc.

City & State

City & State

St Petersburg FL

St Petersburg FL

Zip

Country

Zip

Country

33703-2412 Pinellas

33703-2412 Pinellas

4. FEI Number

59-2167951

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

BURNS, MARY M  
5644 HOBSON STREET NE  
ST PETERSBURG FL 33703

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	BURNS, MARY M	
STREET ADDRESS	5644 HOBSON ST, NE	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, TERESA A.	
STREET ADDRESS	5644 HOBSON ST NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	Catherine P. Burns	
STREET ADDRESS	5644 Hobson St NE	
CITY-ST-ZIP	St Petersburg, FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mary M Burns, Pres.

04-14-00

727-526-9275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)