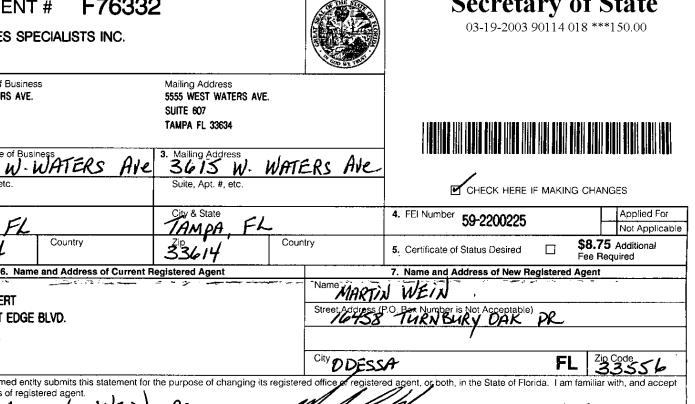
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) F76332 **DOCUMENT #** 1. Entity Name INVENTORIES SPECIALISTS INC.





tions of registered agent. MARTIN		PRES.	MA M	sia, or com, in the chare of Frontial.	1/3/03
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

Principal Place of Business

2. Principal Place of Busines

Suite, Apt. #, etc.

ty & State

WEIN. NORBERT

OLDSMAR FL

1445 FOREST EDGE BLVD.

3615 W. WATERS

Country

5555 WEST WATERS AVE.

SUITE 607

TAMPA FL 33634

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Delete Addition WEIN, MARTIN WEIN, MARTIN 16458 TURNBURY DAK PR NAME NAME STREET ADDRESS 15112 HEATHRIDGE DRIVE STREET ADDRESS ODESSA, FL 33556 TAMPA FL CITY-ST-ZIP CITY-ST-ZIP VD Delete TITLE TITLE : ___iánge ☐ Addition WEIN, JOAN NAME NAME DELETE 1445 FOREST EDGE BLVD STREET ADDRESS STREET ADDRESS OLDSMAR FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TD TITLE DELETE ---☐ Change ☐ Addition NAME Wein. Norbert NAME STREET ADDRESS 1445 FOREST EDGE BLVD STREET ADDRESS OLDSMAR FL. CITY-ST-7IP CITY-ST-ZIP SD T TITLE ☐ Delete TITLE Change ☐ Addition GRANDE, FRANK 10609 WILD MEADOW WAY GRANDE, FRANK NAME NAME STREET ADDRESS 5204 Bellefield DR STREET ADDRESS CITY-ST-ZIP Tampa Fl CITY-ST-ZIP AMDA.FL 33626 DIRECTOR TITLE ☐ Delete TITLE ☐ Change Addition SANDRA BAKER-GRANDE NAME NAME STREET ADDRESS 10609 WILD MEADOW WAY STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TAMOA FL DIRECTOR TITLE ☐ Delete TITLE Change JACQUELIN N. WEIN 16458 TURNBURY DAK DR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DDESSA, FL

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

SIGNATURE:

CR2E034 (10/02)