

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90114 018 ***150.00

03/19/03 AV

DOCUMENT # F76332

1. Entity Name
INVENTORIES SPECIALISTS INC.



Principal Place of Business
**5555 WEST WATERS AVE.
SUITE 607
TAMPA FL 33634**

Mailing Address
**5555 WEST WATERS AVE.
SUITE 607
TAMPA FL 33634**



2. Principal Place of Business
3615 W. WATERS AVE

3. Mailing Address
3615 W. WATERS AVE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33614

Country

4. FEI Number **59-2200225**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WEIN, NORBERT
1445 FOREST EDGE BLVD.
OLDSMAR FL**

7. Name and Address of New Registered Agent

Name **MARTIN WEIN**

Street Address (P.O. Box Number is Not Acceptable)
16458 TURNBURY OAK DR

City **ODESSA** State **FL** Zip Code **33556**

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 **MARTIN WEIN, PRES.** (NOTE: Registered Agent signature required when reinstating)

DATE **3/13/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIN, MARTIN 15112 HEATHRIDGE DRIVE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEIN, JOAN 1445 FOREST EDGE BLVD OLDSMAR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIN, NORBERT 1445 FOREST EDGE BLVD OLDSMAR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD T GRANDE, FRANK 5204 BELLEFIELD DR TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIN, MARTIN 16458 TURNBURY OAK DR ODESSA, FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRANDE, FRANK 10609 WILD MEADOW WAY TAMPA FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SANDRA BAKER-GRANDE 10609 WILD MEADOW WAY TAMPA, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JACQUELIN N. WEIN 16458 TURNBURY OAK DR ODESSA, FL 33556	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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.

SIGNATURE: **MARTIN WEIN** DATE **3/13/03** (813) 933-2715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)