

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002410

1. Entity Name

SPECIALTY PARTNERS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90071 047 ***150.00

Principal Place of Business

Mailing Address

PO BOX 410
ST. AUGUSTINE FL 32085-0410

PO BOX 410
ST. AUGUSTINE FL 32085-0410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2902265**

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

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]*

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	C	<input type="checkbox"/> Delete
NAME	THORNE, RICHARD A	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	PUENTE, ENRIQUE A	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	V	<input type="checkbox"/> Delete
NAME	PATRICK, FRANK	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, CLARENCE	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	VST	<input type="checkbox"/> Delete
NAME	OISTACHER, DENNIS	
STREET ADDRESS	1750 TREE BLVD.	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WAGERS, THOMAS B	
STREET ADDRESS	1750 TREE BLVD	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	

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		
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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS B. WAGERS

4/28/00

904-825-2008

Date

Daytime Phone #

CR2E034 (9/99)