

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90001 049 ***150.00

DOCUMENT # F97000002410**1. Entity Name**
SPECIALTY PARTNERS, INC.**Principal Place of Business**
PO BOX 410
ST. AUGUSTINE FL 32085-0410**Mailing Address**
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, 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	<input type="checkbox"/> Delete
	C			
	THORNE, RICHARD A	1750 TREE BLVD.	ST. AUGUSTINE FL 32086	
	DCEO			
	PUENTE, ENRIQUE A	1750 TREE BLVD.	ST. AUGUSTINE FL 32086	
	V			
	PATRICK, FRANK	1750 TREE BLVD.	ST. AUGUSTINE FL 32086	
	V			
	SMITH, CLARENCE	1750 TREE BLVD.	ST. AUGUSTINE FL 32086	
	VST			
	OISTACHER, DENNIS	1750 TREE BLVD.	ST. AUGUSTINE FL 32086	
	AS			
	WAGERS, THOMAS B	1750 TREE BLVD	ST AUGUSTINE FL 32086	

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

Thomas B. Wagers, 4-23-01 904-825-2008
Date Daytime Phone #

CR2E034 (10/00)