

2000 UNIFORM BUSINESS REPORT (UBR)

0500702

DOCUMENT # K59420
 1. Entity Name
CORVETTES & SPECIALTIES, INC.

FILED
 00 FEB 14 PM 12:25
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 C/O DORIS TALITSCH C/O DORIS TALITSCH
 1334 PINE NEEDLE ROAD 1334 PINE NEEDLE ROAD
 VENICE FL 34292 VENICE FL 34292-1417



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
401 E. Venice Avenue **401 E. Venice Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Venice, Florida **Venice, Florida**
 Zip Country Zip Country
34292 U.S.A. **34292 U.S.A.**

4. FEI Number **65-0191453** 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
TALITSCH, ROBERT Name
1334 PINE NEEDLE ROAD Street Address (P.O. Box Number is Not Acceptable)
VENICE FL 34292 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 Robert Talitsch (ROBERT TALITSCH) 2/11/00
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 NAME STREET ADDRESS CITY-ST-ZIP	DP TALITSCH, ROBERT 1334 PINE NEEDLE RD. VENICE FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S/T Talitsch, Robert 401 E. Venice Avenue venice, Florida 34292 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500003140885-0 -02/21/00--01023-017 ****158.75 ****158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS <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: Robert Talitsch (ROBERT TALITSCH) 2/11/00 941-468-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)