

2001 UNIFORM BUSINESS REPORT (UBR)

0004774 AF

DOCUMENT # L00000008285

1. Entity Name

SPECIALTY PRODUCTS & SERVICES, LLC

Principal Place of Business

250 SOUTH CR-427, SUITE 116
LONGWOOD FL 32750-5466

Mailing Address

250 SOUTH CR-427, SUITE 116
LONGWOOD FL 32750-5466

2. Principal Place of Business
585 South CR 427

3. Mailing Address
585 South CR 427

Suite, Apt. #, etc.
Suite 121

Suite, Apt. #, etc.
Suite 121

City & State
Longwood, FL

City & State
Longwood, FL

Zip Country
32750 USA

Zip Country
32750 USA

4. FEI Number
59-3659158

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HODGES, GEORGE
250 SOUTH CR-427, SUITE 116
LONGWOOD FL 32750-5466

7. Name and Address of New Registered Agent

Name
George Hodges, EA
Street Address (P.O. Box Number is Not Acceptable)
585 South CR 427, Suite 121
City Longwood, FL Zip Code 32750

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 George Hodges George Hodges, EA 4/9/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE Member
NAME Alan B Metzger
STREET ADDRESS 8369 Citrus Chase Dr.
CITY-ST-ZIP Orlando, FL 32836

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300004086349--1
-04/27/01--01093--009
*****55.00 *****55.00

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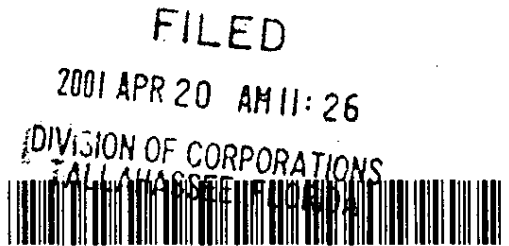
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alan B Metzger REQUIRED Alan B Metzger April 13, 2001 407-291-3023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE