

FILED  
Feb 18, 2002 8:00 am  
Secretary of State

01-14-2002 90029 011 \*\*\*\*55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **LO1000003403**  
 1. Entity Name  
**SPECIAL EFX, LLC**

Principal Place of Business      Mailing Address  
**12305-A 62ND ST. NORTH**      **12305-A 62ND ST. NORTH**  
**LARGO FL 33773**      **LARGO FL 33773**

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      Applied For  
**59-3706422**      Not Applicable  
 5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

13251



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**STRATTON, NANCY S**  
**12305-A 62ND ST. NORTH**  
**LARGO FL 33773**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and see if applicable. (NOTE: Registered Agent signature required when re-stating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>LEE E. STRATTON</b> <b>12305-A 62nd St. N. LARGO FL</b> 33773 <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	<b>CHAIRMAN</b> <b>NANCY STRATTON</b> <b>12305-A 62nd St. N. LARGO FL</b> 33773 <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE: *Nancy Stratton* **NANCY STRATTON**      1-7-02      727-536-3007  
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CFR2E083 (9/01)