

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91583 029 ***150.00

DOCUMENT # L65839

1. Entity Name

SPECIALTY SIGNS, INC.

Principal Place of Business

Mailing Address

% ROBIN INTOPPA
6614 PATRICIA DRIVE
WEST PALM BEACH FL 33413

% ROBIN INTOPPA
6614 PATRICIA DRIVE
WEST PALM BEACH FL 33413

A0070172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0195417**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

INTOPPA, ROBIN
6614 PATRICIA DRIVE
WEST PALM BEACH FL 33413

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
DP
INTOPA, ROBIN
6614 PATRICIA DR
WEST PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Robin Intoppa Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-15-01 689-3274

CR2E034 (10/00)

Attachment
DH# L65839
AW 70172

SPECIALTY SIGNS

6614 PATRICIA DRIVE
WEST PALM BEACH, FL 33413
561-689-3274
FAX 561-689-3278

May 15, 2001

To: Division of Corporations

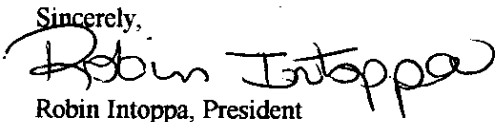
I have enclosed a check for my UBR Filing Fee for \$150.00. I understand I am late in sending but, please understand the following circumstances as I am a small business and do not have the \$400.00 extra dollars to pay unless you can work out some kind of payment plan.

My father has been terminally ill for the past 5 months and has taken all of my time to care for him, I will be happy to get a Dr's letter. I gave a bookkeeper friend my UBR to take care of along with my yearly tax information and I thought it was taken care of until I opened the envelope for another reason and saw my report not filed. She thought I just stuck in there to keep all of my taxes and reports together and forgot to bring it to my attention. I contacted your office immediately you requested I tell you in writing my situation.

If you would check my pass records you will see I have never been late. Please take this into consideration.

I appreciate anything you can do to help me.

Sincerely,



Robin Intoppa, President