

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000004629****1. Entity Name**  
**SPECIAL NECESSITIES, NC.**

<b>Principal Place of Business</b> 1773 N.E. 21ST PLACE  GAINESVILLE FL 32609	<b>Mailing Address</b> 1773 N.E. 21ST PLACE  GAINESVILLE FL 32609
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<b>2. Principal Place of Business</b> 4331 NW 21ST TERRACE	<b>3. Mailing Address</b> 4331 NW 21ST TERRACE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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<b>City &amp; State</b> GAINESVILLE FL	<b>City &amp; State</b> GAINESVILLE FL
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<b>Zip</b> 32605	<b>Country</b>	<b>Zip</b> 32605	<b>Country</b>
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<b>4. FEI Number</b> <b>59-3657609</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**

<b>MCGRAW DIYONNE L</b> 1773 N.E. 21ST PLACE  GAINESVILLE FL 32609	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b> <b>FL</b> <b>Zip Code</b>

**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 DIYONNE MCGRAW****09/11/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE: Tiffany L. Chestnut****Dir****09/11/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)