

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002321

1. Entity Name

SPECIAL BLESSINGS, INC.

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90015 003 \*\*\*\*61.25

Principal Place of Business

22 WOODHOLLOW LANE  
PALM COAST FL 32164

Mailing Address

22 WOODHOLLOW LANE  
PALM COAST FL 32164-7918

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3375873

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

HAMILTON, CAROL A  
22 WOODHOLLOW LANE  
PALM COAST FL 32164

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DVT ☐ Delete  
NAME HAMILTON, CAROL A  
STREET ADDRESS 22 WOODHOLLOW LANE  
CITY-ST-ZIP PALM COAST FL

TITLE D/P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 32164  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME HAMILTON, WILLIAM R SR  
STREET ADDRESS 22 WOODHOLLOW LANE  
CITY-ST-ZIP PALM COAST FL

TITLE D/V ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 32164  
CITY-ST-ZIP

TITLE DS ☒ Delete  
NAME SCHELL, LINDA M  
STREET ADDRESS 107 SUNNY BROOK SOUTH  
CITY-ST-ZIP ORMOND BEACH FL 32175

TITLE ☐ Change ☒ Addition  
NAME Robin J. Langley  
STREET ADDRESS 135 Wellington Dr.  
CITY-ST-ZIP Palm Coast, FL 32164

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Laurie Cuccurullo  
STREET ADDRESS 159 Bridgehaven Dr.  
CITY-ST-ZIP Palm Coast, FL 32137

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 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:

*CAROL A HAMILTON*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)