

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004760

1. Entity Name

SPECIALKIDS RESOURCE CENTER, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90085 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7405-D TEMPLE TERRACE HIGHWAY  
TAMPA FL 33637

7405-D TEMPLE TERRACE HIGHWAY  
TAMPA FL 33637-5707

00000001

2. Principal Place of Business

3. Mailing Address

6319 Chauncy St.  
Suite, Apt. #, etc.

6319 Chauncy St.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Tampa FL

City & State  
Tampa FL

4. FEI Number  
59-3532823

Applied For  
Not Applicable

Zip  
33647 Country  
USA

Zip  
33647 Country  
USA

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

MESSINA, JAMES J  
7405-D TEMPLE TERRACE HIGHWAY  
TAMPA FL 33637

Name: James J. Messina  
Street Address (P.O. Box Number is Not Acceptable): 6319 Chauncy St.  
City: Tampa FL Zip Code: 33647

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 NAME STREET ADDRESS CITY-ST-ZIP	D ZEPP, VICTORIA 7405-D TEMPLE TERRACE TAMPA FL 33637	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSINA, CONSTANCE 7405-D TEMPLE TERRACE TAMPA FL 33637	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSINA, JAMES 7405-D TEMPLE TERRACE TAMPA FL 33637	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Zepp, Victoria 6319 Chauncy St. Tampa, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Messina, Constance 6319 Chauncy St. Tampa, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Messina, James 6319 Chauncy St. Tampa, FL 33647	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
James J. Messina

1/8/00

813-631-5176

CR2E037 (9/99)