

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007556

1. Entity Name

SPECIAL PRODUCTS GROUP, INC.

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90068 016 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4023 68 STREET NORTH~~  
~~WEST PALM BEACH FL 33404~~

~~4023 68 STREET NORTH~~  
~~WEST PALM BEACH FL 33404~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2116 CORPORATE DR

2116 CORPORATE DR

City & State BOYNTON BEACH, FLORIDA BOYNTON BEACH, FLORIDA

Zip 33426 Country PALM BEACH Zip 33426 Country PALM BEACH

4. FEI Number

65-0972449

Applied For

Not Applicable

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

Name

ROY, RICHARD J.

Street Address (P.O. Box Number is Not Acceptable)

2116 CORPORATE DR

City

BOYNTON BEACH

FL

Zip Code

33426

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 D  
NAME ROY, RICHARD J  
STREET ADDRESS 4023 68 STREET NORTH  
CITY-ST-ZIP WEST PALM BEACH FL 33404 ☐ Delete

TITLE D  
NAME ROY, JUDITH A  
STREET ADDRESS 4023 68 STREET NORTH  
CITY-ST-ZIP WEST PALM BEACH FL 33404 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-01 561-732-0360

CR2E034 (10/00)

0283353