

2001 UNIFORM BUSINESS REPORT (UBR)

AV 9108800

DOCUMENT # P0000081992

1. Entity Name
**ACADEMY, INC. * AMENDED *
 SPECIALIZED SOLUTIONS, INC.**

Principal Place of Business: 3910 RIGA BLVD. TAMPA FL 33619-1344
 Mailing Address: 3910 RIGA BLVD. TAMPA FL 33619-1344

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.


City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **59-3670988**
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

FILED
 01 SEP 26 PM 1:38
 SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**WHITMAN, JOHN V JR.
 3910 RIGA BLVD.
 TAMPA FL 33619-1344**

7. Name and Address of New Registered Agent
 Name: **Carrie Cameron**
 Street Address (P.O. Box Number is Not Acceptable): **3910 Riga Blvd.**
 City: **Tampa** FL Zip Code: **33619**

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: *Carrie A. Cameron* **Carrie A. Cameron** DATE: **9-7-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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: CFO	NAME: Robert Hartford <input type="checkbox"/> Delete	TITLE: 400004616874 <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: -10/01/01--01010--001
STREET ADDRESS: 501 wexford Dr. E	CITY-ST-ZIP: Palm Harbor FL 34683	STREET ADDRESS: *****61.25	CITY-ST-ZIP: *****61.25
TITLE: COO	NAME: James Foster <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 11517 108th Pl. N.	CITY-ST-ZIP: Seminole FL 33778	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: John Whitman <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3910 Riga Blvd.	CITY-ST-ZIP: Tampa FL 33619	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CEO	NAME: CARRIE CAMERON <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3910 RIGA BLVD	CITY-ST-ZIP: TAMPA, FL 33619	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 employees.

SIGNATURE: *Carrie Cameron* **Carrie Cameron** DATE: **9-10-01** 813-621-6061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)