

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 01, 2002 8:00 am**  
**Secretary of State**

0106311 AV

DOCUMENT # P00000081992

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

08-01-2002 90168 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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  
**338 E. LEMON ST.**

3. Mailing Address  
**338 E. LEMON ST.**

City & State  
**TARPON SPRINGS, FL**

City & State  
**TARPON SPRINGS, FL**

Zip  
**34689** Country  
**USA**

Zip  
**34689** Country  
**USA**

4. FEI Number **59-3670988**

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

6. Name and Address of Current Registered Agent  
**CAMERON, CARRIE**  
**3910 RIGA BLVD.**  
**TAMPA FL 33619-1344**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**338 E. LEMON STREET**  
 City  
**TARPON SPRINGS FL** Zip Code  
**34689**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carrie Cameron* **CARRIE CAMERON** **7/26/02**  
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 \$550.00 150.00**  
**After September 13, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WHITMAN, JOHN</b> <b>3910 RIGA BLVD</b> <b>TAMPA FL 33619</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>HARTFORD, ROBERT</b> <b>501 WEXFORD DR E</b> <b>PALM HARBOR FL 34683</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO</b> <b>FOSTER, JAMES</b> <b>11517 108TH PLACE NORTH</b> <b>SEMINOLE FL 33778</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COBD</b> <b>CAMERON, CARRIE CEO</b> <b>3910 RIGA BLVD.</b> <b>TAMPA FL 33619</b>	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<b>COBD</b> <b>CARRIE CAMERON, CEO</b> <b>338 E. LEMON STREET</b> <b>TARPON SPRINGS, FL 34689</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>JOHN KRYSHER</b> <b>338 E. LEMON STREET</b> <b>TARPON SPRINGS, FL 34689</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 officers empowered.

SIGNATURE: *CARRIE CAMERON* **CARRIE CAMERON** **7/26/02** **727-287-1070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)