

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90117 007 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P000000 89628

1. Entity Name Specialized R/C International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1480 State Rd 436
Suite, Apt. #, etc.

3. Mailing Address
1480 State Rd. 436
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Casselberry, FL
Zip
32707 Country
USA

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Casselberry, FL
Zip
32707 Country
USA

4. FEI Number
59-3673038

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Robert A. Michael II
Street Address (P.O. Box Number is Not Acceptable)
1480 Semoran Blvd

City Casselberry FL Zip Code 32707

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] [Signature] Robert A. Michael II 4-8-02
(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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 OWNER
NAME Robert A. Michael II
STREET ADDRESS 1480 Semoran Blvd.
CITY-ST-ZIP Casselberry, FL 32707

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP N/A

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02 407-681-5905
Date Daytime Phone #

CR2E034B (12/01)