

FILED  
Apr 29, 2003 8:00 am  
Secretary of State

04-29-2003 90069 047 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000102492

1. Entity Name  
**SPECIALTY SHIPPING, INC.**



Principal Place of Business  
2451 MCMULLEN BOOTH RD, STE 310  
CLEARWATER, FL 33759

Mailing Address  
2451 MCMULLEN BOOTH RD, STE 310  
CLEARWATER, FL 33759

2. Principal Place of Business  
**19119 Rogers Road**

3. Mailing Address  
**19119 Rogers Road**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Odessa, FL**

City & State  
**Odessa, FL**

4. FEI Number  
**59-3630880**

Applied For  
Not Applicable

Zip  
**33556**

Country  
**U.S.**

Zip  
**33556**

Country  
**U.S.**

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

**5. Name and Address of Current Registered Agent**

HUTCHENS, GREGORY D  
2451 MCMULLEN BOOTH RD, STE 310  
CLEARWATER, FL 33759

**7. Name and Address of New Registered Agent**

Name

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

**19119 Rogers Road**

City

**Odessa**

FL

Zip Code

**33556**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**ULETT, JULIE C**  
**2692 ENTERPRISE RD EAST #402**  
**CLEARWATER, FL 33759**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP**  
**HUTCHENS, GREG**  
**2451 MCMULLEN BROTH RD, STE 310**  
**CLEARWATER, FL 33759**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT**  
**GREG HUTCHENS**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**19119 Rogers Road**  
**Odessa, FL 33556**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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 #

**4-23-03-813-920-8200**

CR2E034 (10/02)