

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103020

1. Entity Name  
J.S. SPECIALTY SALES OF FLA, INC.

Principal Place of Business Mailing Address  
14218 85TH AVE N 14218 85TH AVE N  
SEMINOLE FL 33776 SEMINOLE FL 33776

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

City & State ~~FLA~~ \*59-3693491  
Zip Country Zip Country

4. FEI Number APPLIED FOR  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SFERRAZZA, JOSEPH L  
14218 85TH AVE N  
SEMINOLE FL 33776

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City SEMINOLE FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	SFERRAZZA, JOSEPH L	
STREET ADDRESS	14218 85TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SFERRAZZA, CAROL J	
STREET ADDRESS	14218 85TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SFERRAZZA, MICHAEL P	
STREET ADDRESS	14218 85TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SFERRAZZA, JOSEPH M	
STREET ADDRESS	14218 85TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Joseph L. Sferrazza JOSEPH L. SFERRAZZA 1-7-02 (727)-391-2282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90017 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)