

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

FILED
Aug 26, 2004 8:00 am
Secretary of State

08-26-2004 90006 014 ***150.00

DOCUMENT #
1. Entity Name **P02000093031**
BM Specialties, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **383 SW Tulip Blvd #350**
Suite, Apt. #, etc.

3. Mailing Address **383 SW Tulip Blvd #350**
Suite, Apt. #, etc.

City & State **Port St Lucie FL**

City & State **Port St Lucie, FL**

Zip **34953** Country

Zip **34953** Country

54070187

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0808499** 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 **Smiecinski, Glen**

Street Address (P.O. Box Number is Not Acceptable)
383 SW Tulip Blvd #350

City **Port St Lucie FL** Zip Code **34953**

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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	D Smiecinski, Glen 383 SW Tulip Blvd #350 Port St Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Glen C. Smiecinski **Glen C. Smiecinski** 8/22/04 578-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment
54070187

August 17, 2004

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: BM Specialties, Inc.
Doc #P02000093031
2004 Uniform Business Report

The above referenced corporation did not receive the 2004 UBR. Enclosed is a check in the amount of \$150.00 representing the original filing fee. This corporation cannot afford to stay in business should it be paying any additional penalties. We respectfully request that you accept the \$150.00 to keep this corporation active and apologize for any inconvenience we have caused.

Sincerely,



Glen Smiecinski