

FILED
Jul 03, 2003 8:00 am
Secretary of State

6/9/2

06-09-2003 90125 025 ***150.00

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

DOCUMENT # 1. Entity Name BM Specialties, Inc.		P02000093031		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 383 SW Tulip Blvd Suite, Apt. #, etc. City & State Port St Lucie, FL Zip 34953		3. Mailing Address 383 SW Tulip Blvd Suite, Apt. #, etc. City & State Port St Lucie, FL Zip 34953			
				4. FEI Number 65-0808499 Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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			
		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 <u><i>Glen E. Smiecinski</i></u> (Pres) <u>6/6/03</u> <small>(NOTE: Registered Agent signature is required when relinquishing)</small>					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>					
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 Port St Lucie, FL 34953			
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Glen E. Smiecinski</i></u> <u>Glen E. Smiecinski</u> <u>6/6/03</u> <u>(772) 528-0783</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034B (12/01)