

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

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90276 044 \*\*\*150.00

DOCUMENT # P03000004200

1. Entity Name

SPECIALTY STRUCTURES, INC.



**DO NOT WRITE IN THIS SPACE**

**94076807**

2. Principal Place of Business  
7418 Cedar Street NE

Suite, Apt. #, etc.

3. Mailing Address  
7418 Cedar Street NE

Suite, Apt. #, etc.

City & State  
Saint Petersburg, FL

Zip  
33702

Country

City & State  
Saint Petersburg, FL

Zip  
33702

Country

4. FEI Number

02-0663082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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IN THIS SPACE**

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

Name SPIEGEL & UTRERA, P.A.

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

1840 CORAL WAY, 4TH FLOOR

City MIAMI

FL

Zip Code  
33145

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

January 1 - May 1 - Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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-STATE-ZIP  
PD  
Gary R. Linton  
7418 Cedar St NE, St Petersburg, FL 33702

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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Gary R. Linton*

GARY R. LINTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 (727) 460-9641

Date

Debit the Fee to

CR2E034B (12/02)