2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 08:00 AM P96000010979 DOCUMENT# Entity Name **Secretary of State** SPECIAL CONSULTING CORP. Principal Place of Business Mailing Address 5942 NE 17 RD. 5942 NE 17 RD. SUITE 102 FORT LAUDERDALE FL FORT LAUDERDALE FL33334 33334 2. Principal Place of Business 3. Mailing Address 5942 NE 17 RD. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FORT LAUDERDALE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIAMMARESI ROBERT 5942 NE 17 RD Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL33334 US 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. 04/23/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change MAME RICKERSON WENDY J. NAME RICKERSON WENDY STREET ADDRESS 5942 NE 17 RD STREET ADDRESS 5942 NE 17 RD CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-ZIP FORT LAUDERDALE ☐ Delete D TITLE ☐ Change NAME GIAMMARESI ROBERT NAME STREET ADDRESS 5942 NE 17 RD. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition GIAMMARESI ROBERT NAME STREET ADDRESS 5942 NE 17 RD. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE 33334 CITY-ST-ZIP TITLE ☐ Delete Сhапде TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/23/2001

Date

Daytime Phone #

Robert A. Giammaresi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _