

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P96000097729~~ P96000097729

1. Entity Name  
Specialized Solutions, Inc. ✓

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90102 039 \*\*\*150.00

Principal Place of Business Mailing Address

338 E. Lemon Street  
Tarpon Springs, FL 34689

2. Principal Place of Business  
338 E. Lemon Street  
Suite, Apt. #, etc.

3. Mailing Address  
338 E. Lemon Street  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Tarpon Springs, FL  
Zip  
34689  
Country  
USA

City & State  
Tarpon Springs, FL  
Zip  
34689  
Country  
USA

4. FEI Number  
59-3436469

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

Carrie Civatte  
13 Mariner Drive  
Tarpon Springs, FL 34689

## 7. Name and Address of New Registered Agent

Name

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

City

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	President	<input type="checkbox"/> Delete
NAME	Carrie Civatte	
STREET ADDRESS	13 Mariner Drive	
CITY-ST-ZIP	Tarpon Springs, FL-34689	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	John Civatte	
STREET ADDRESS	13 Mariner Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)