

2002 UNIFORM BUSINESS REPORT (UBR)

07-22-2002 90168 005 ***150.00
FILED P97000087586

DOCUMENT # P97000087586

1. Entity Name
SPECIALIZED TECHNOLOGIES, INC.

02 AUG -5 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00101140

Principal Place of Business
645 MAYPORT RD
ATLANTIC BCH FL 32233
US

Mailing Address
P.O. BOX 330869
ATLANTIC BEACH FL 32233
US

2. Principal Place of Business
645 MAYPORT RD
Suite, Apt. #, etc.
#1

3. Mailing Address
Suite, Apt. #, etc.

City & State
Atlantic Beach FL

Zip
32233

Country
US

4. FEI Number 59-3471318

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
O'MALLEY, KEVIN
1330 OCEAN BLVD.
ATLANTIC BEACH FL 32233

7. Name and Address of New Registered Agent
Name
KEVIN O'MALLEY
Street Address (P.O. Box Number is Not Acceptable)
1630 ASHMORE GREEN DR.
City JACKSONVILLE FL Zip Code 32246

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 Kevin O'Malley KEVIN O'MALLEY PRESIDENT
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 Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P O'MALLEY, KEVIN 1330 OCEAN BLVD. ATLANTIC BEACH FL 32233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'MALLEY, KEVIN 1630 ASHMORE GREEN DR. JACKSONVILLE FL 32246	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2034 (4/02)

Specialized Technologies, Inc.
PO Box 330869
Atlantic Beach, FL 32233

Florida Dept. of State
PO Box 1500
Tallahassee, FL 32302-1500

July 29, 2002

RE: Reference Number P97000087586

To Whom It May Concern,

Our address change caused us to miss the opportunity to pay our annual report fee during the \$150 period. Do to this error please apply the \$150.00 we recently submitted for our annual report.

A handwritten signature in cursive script that reads "Kevin O'Malley".

Kevin O'Malley-
President