

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000027177

1. Entity Name

SPECIALTY WHOLESALE, INC.

FILED

Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90235 004 ***150.00

Principal Place of Business

18401 US HWY 19
HUDSON FL 34667

Mailing Address

18401 US HWY 19
HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3499683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALLAGHER, LISA
18401 US HWY 19
HUDSON FL 34667

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GALLAGHER, LISA
STREET ADDRESS 18401 U.S. HWY 19
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Lisa Gallagher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-00
Date

727-868-1141
Daytime Phone #

CR2E034 (5/00)

SPECIALTY WHOLESALE

Attachment Doc #
P98000027177
DW 80531
SPECIALTY WHOLESALE
18041 U.S HWY 19 NORTH
HUDSON, FL 34667
PASCO

Phone 727 868 1141
Fax 727 862 6875

August 16, 2000

Florida Department of State
Division of Corporations
Uniform Business Report Filings
Tallahassee, FL 32314

To Whom It May Concern,

Enclosed you will find our check #2993 in the amount of \$150.00. This is for filing document #P98000027177. As per instructed by your office, this letter is to inform you that this was the only request for filing that we have received to date.

If you need any additional information, please do not hesitate to contact us.

Sincerely,



Lisa M. Gallagher
President

Enc.