

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 8:00 am**
Secretary of State

03-02-2001 90070 015 ***150.00

DOCUMENT # P99000013519**1. Entity Name**
FLORIDA SPECIALTY SALES & SERVICE, INC.**Principal Place of Business**5150 S FLORIDA AVE
BLGD C SUITE 307
LAKELAND FL 33813**Mailing Address**P.O. BOX 6867
LAKELAND FL 33807
US**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 59-3559266

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**PAUL, WILLIAM R
C/O SHEAR, NEWMAN, HAHN & ROSENKRANZ, P.A.
201 E KENNEDY BLVD
TAMPA FL 33602Name
PAUL, WILLIAM R.
Street Address (P.O. Box Number is Not Acceptable)
C/O RUDEN, McCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
401 E. JACKSON STREET, SUITE 2700
City **TAMPA** FL Zip Code **33602****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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME REGISTER, W STEVEN
STREET ADDRESS 1244 SUMMIT CHASE DRIVE
CITY-ST-ZIP LAKELAND FL 33813TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME SCANLON, HUGH J III
STREET ADDRESS 4303 BAY CLUB CIRCLE
CITY-ST-ZIP TAMPA FL 33607TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

WALTER S. REGISTER

Date

2/29/01

Daytime Phone #

863-648-0794

CR2E034 (10/00)