

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90150 041 ***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

3602 PMG DRIVE

3. Mailing Address

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

City & State

LAKELAND, FL.

City & State

Zip

33811

Country

USA

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

**PAUL, WILLIAM R
 C/O RUDEN, MCCLOSKEY, SMITH, SCHUSTER ,ETC
 401 E JACKSON STREET SUITE 2700
 TAMPA FL 33602**

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, 2002 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 ☐ Delete
 NAME **D REGISTER, W STEVEN**
 STREET ADDRESS **1244 SUMMIT CHASE DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE ☐ Delete
 NAME **D SCANLON, HUGH J III**
 STREET ADDRESS **4303 BAY CLUB CIRCLE**
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

WALTER S. REGISTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/02
 Date

863-648-0754
 Daytime Phone #

CR2E034 (9/01)