

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**  
 08-24-2000 90030 039 \*\*\*150.00

DOCUMENT # **P990000048260**  
 1. Entity Name  
**National Specialty Distributors Inc**  
*R*

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
**101 S. Collins St.** **P.O. Box 3268**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
**Plant City Fla.** **Plant City Fla.**  
 Zip Country Zip Country  
**33566** **33564**

4. FEI Number **59-3591133** Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**Howard Stitzel III**  
**710 E. Reynolds St.**  
**Plant City, Fla. 33566**  
**813-764-9597**

7. Name and Address of New Registered Agent  
 Name **Amy Glenn**  
 Street Address (P.O. Box Number is Not Acceptable)  
**101 S. Collins Street**  
 City **Plant City** **FL** Zip Code **33566**

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 **Amy Glenn, Pres.** DATE **8-16-00**  
 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 \$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	<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		
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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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		

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 information provided.  
 SIGNATURE: **Amy Glenn Pres.** DATE **8-16-00** DAYTIME PHONE # **813-719-1250**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

Attachment Doc#: P49000048260  
D0080930

# **National Specialty Distributors**

**Transient Voltage Surge Suppressors  
Communication  
Electrical  
Cable TV  
Security  
Gifts**

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August 21, 2000

To Whom it May Concern:

I Amy Glenn, President, of National Specialty Distributors, Inc.  
Never received any reports or letters or forms for the year 2000.  
If you would be so kind to waive my late fees, I would really appreciate it.  
I am changing my Registered Agent so this will never happen again.

Thank you so much for all your help and kindness.

Amy Glenn, President  
National Specialty Distributors, Inc.

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**Fax Orders To: 813 719 6524  
Toll Free Phone # 877 317 1144  
--- P.O. Box 3268 --- Plant City --- Florida --- 33564 ---  
Web = [www.specialtydistributors.com](http://www.specialtydistributors.com)**

Attachment Doc# P990000048260  
D0080930

NATIONAL SPECIALTY DISTRIBUTORS  
PO BOX 3268  
PLANT CITY, FL 33564

Request taken by: sgreen  
08-14-2000

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX-6327 - Tallahassee FL 32314