

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073994

1. Entity Name
SPECIALTY CHEM, INC.

Principal Place of Business
1601 TIVERTON ST.
WINTER SPRINGS FL 32708

Mailing Address
1601 TIVERTON ST.
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

10172 Windermere
Suite, Apt. #, etc. CHASE BLVD

Suite, Apt. #, etc.

City & State

City & State
Gotha, FL

Zip

Country

Zip 34734 Country ORANGE

4. FEI Number 59-3608497

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

GLAVIN, GRACE ANNE
1340 TUSCAWILLA RD., STE. 106
WINTER SPRINGS FL 32708

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHIELDS, JAMES R
1601 TIVERTON ST.
WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JAMES R Shields ☒ Change ☐ Addition
10172 Windermere Chase Blvd
Gotha, FL 34734

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHIELDS, LISA R
1601 TIVERTON ST.
WINTER SPRINGS FL 32708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LISA R Shields ☒ Change ☐ Addition
10172 Windermere Chase Blvd
Gotha, FL 34734

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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

SIGNATURE:

JAMES R Shields
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES R Shields 2/19/01
Date Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90084 016 ***150.00

C0021985



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)