

5/11/01

FILED

Jun 15, 2001 8:00 am
Secretary of State

05-11-2001 90310 018 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000110878

1. Entity Name

Specialty Finance, INC.

Principal Place of Business

Mailing Address

6051 Estero Boulevard

6051 Estero Boulevard

Fort Myers Beach, FL 33931 Fort Myers Beach, FL 33931

2. Principal Place of Business

6051 Estero Boulevard

3. Mailing Address

6051 Estero Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers Beach, FL

City & State

Fort Myers Beach, FL

4. FEI Number

65-0975969

Applied For

Not Applicable

Zip

33931

Country

USA

Zip

33931

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Denise R. Neel

6051 Estero Boulevard

Fort Myers Beach, FL 33931

7. Name and Address of New Registered Agent

Name

Denise R. Neel

Street Address (P.O. Box Number is Not Acceptable)

6051 Estero Boulevard

City

Fort Myers Beach

FL

Zip Code

33931

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, must be printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when transferring)

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

TITLE	Denise R. Neel	☐ Delete
NAME	6051 Estero Boulevard	
STREET ADDRESS	Fort Myers Beach, FL 33931	
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

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TITLE		☐ Change ☐ Addition
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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)(f), 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 507, 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:

Denise R. Neel

4-20-01

941 454-5334

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR25004 (11/00)