

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90039 027 ***150.00

DOCUMENT # S66233

1. Entity Name
SPECIALTY ENTERPRISES, INC.

Principal Place of Business Mailing Address
20821 DEL LUNA DR 20821 DEL LUNA DR
BOCA RATON FL 33433 BOCA RATON FL 33433

DUU37144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **65-0262542** 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

SCHWARTZ, HOWARD L.
2424 N FEDERAL HWY
SUITE 314
BOCA RATON FL 33431

Name **H. EDWARD JONES, CPA**
 Street Address (P.O. Box Number is Not Acceptable)
3230 W. COMMERCIAL BLVD.
STE. 150
 City **Ft. LAUDERDALE FL** Zip Code **33309**

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 *H. Edward Jones* DATE **4/9/01**
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, 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	D <input type="checkbox"/> Delete
NAME	GALLAGHER, DANI LYONS
STREET ADDRESS	643 LINCOLN AVE.
CITY-ST-ZIP	GRAYSLAKE IL
TITLE	D <input type="checkbox"/> Delete
NAME	NOTINE, ROBERT, JR.
STREET ADDRESS	178 79 ST
CITY-ST-ZIP	BROOKLYN NY
TITLE	D <input type="checkbox"/> Delete
NAME	BEINLICH, CHRISTIAN A
STREET ADDRESS	6492 HABITAT COURT
CITY-ST-ZIP	GURNEE IL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pres. DANI LYONS GALLAGHER
STREET ADDRESS	20821 DEL LUNA DR.
CITY-ST-ZIP	BOCA RATON, FL. 33433
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
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 like empowered.

SIGNATURE: *Dani Lyons Gallagher* **DANI LYONS GALLAGHER** DATE **4/9/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-483-1379

CR2E034 (10/00)