

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90167 046 ***150.00

DOCUMENT # S84363

1. Entity Name
NV SPECIALTIES, INC.

Principal Place of Business 1919 SOUTH FIRST STREET LAKE CITY FL 32025 US	Mailing Address 1919 SOUTH FIRST STREET LAKE CITY FL 32025-5703 US
--	---

AU021553



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1 FLORIDA PARK DRIVE SOUTH Suite, Apt. #, etc. SUITE 330	3. Mailing Address 1 FLORIDA PARK DRIVE SOUTH Suite, Apt. #, etc. SUITE 330
--	--

City & State PALM COAST, FLORIDA	City & State PALM COAST, FLORIDA
--	--

4. FEI Number 59-3097127	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip 32137	Country USA	Zip 32137	Country USA
---------------------	-----------------------	---------------------	-----------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
COLLETTI, VINCENT
1919 SOUTH FIRST STREET
LAKE CITY FL 32025

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1 FLORIDA PARK DRIVE SOUTH
SUITE 330
 City **PALM COAST** **FL** Zip Code **32137**

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 **VINCENT J COLLETTI D** **2-8-2000**
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME COLLETTI, VINCENT	
STREET ADDRESS 212 BIRDIE LANE	
CITY-ST-ZIP LAKE CITY FL	
TITLE DP	<input type="checkbox"/> Delete
NAME COLLETTI, NORINE	
STREET ADDRESS 212 BIRDIE LANE	
CITY-ST-ZIP LAKE CITY FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 52 RIVERS EDGE LANE	
CITY-ST-ZIP PALM COAST, FL 32137	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 52 RIVERS EDGE LANE	
CITY-ST-ZIP PALM COAST, FL 32137	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME D	
STREET ADDRESS CHRISTA COLLETTI	
CITY-ST-ZIP 52 RIVERS EDGE LANE	
CITY-ST-ZIP PALM COAST, FL 32137	
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)(l), 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: **NORINE COLLETTI** **2-8-2000** **904-447-8234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)