

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90096 048 ***150.00

DOCUMENT # V15102

1. Entity Name
SPECIALIZED POLYMERS, INC.

Principal Place of Business

**4743 U.S. 19
COMMUNITY PLAZA
NEW PORT RICHEY FL 34652
US**

Mailing Address

**4743 U.S. 19
COMMUNITY PLAZA
NEW PORT RICHEY FL 34652
US**

2. Principal Place of Business

4741 US 19

3. Mailing Address

4741 US 19

Suite, Apt. #, etc.

Community Plaza

Suite, Apt. #, etc.

Community Plaza

City & State

New Port Richey, FL

City & State

New Port Richey, FL

Zip

34652

Country

USA

Zip

34652

Country

USA

4. FEI Number **59-3109158**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JONES, PATRICIA
4743 U.S. 19
COMMUNITY PLAZA
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name

Patricia Jones

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

4741 US 19

Community Plaza

City

New Port Richey

FL

Zip Code

34652

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

Patricia Jones

(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

TITLE **STD** ☐ Delete
NAME **JONES, PATRICIA**
STREET ADDRESS **4743 U.S. 19**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **PD** ☐ Delete
NAME **YOUNG, ROBERT M**
STREET ADDRESS **316 CIRCLE DRIVE**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Patricia Jones

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

3/6/01

Date

(727) 8454166

Daytime Phone #

CR2E034 (10/00)