

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90143 013 \*\*\*158.75

**DOCUMENT # V15102**

1. Entity Name

**SPECIALIZED POLYMERS, INC.**

Principal Place of Business

**4741 U.S. 19  
COMMUNITY PLAZA  
NEW PORT RICHEY FL 34652  
US**

Mailing Address

**4741 U.S. 19  
COMMUNITY PLAZA  
NEW PORT RICHEY FL 34652  
US**

2. Principal Place of Business

**2201 W. Navy Blvd**

3. Mailing Address

**2201 W. Navy Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pensacola, FL**

City & State

**Pensacola, FL**

4. FEI Number

**59-3109158**

Applied For

Not Applicable

Zip

**32505**

Country

**Escambia**

Zip

**32505**

Country

**Escambia**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JONES, PATRICIA  
4741 U.S. 19  
COMMUNITY PLAZA  
NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name **Bob W. Nolen**

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

**2201 W. Navy Blvd.**

City **Pensacola**

**FL**

Zip Code **32505**

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 **Bob W. Nolen**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when replacing)

**1-15-02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>STD JONES, PATRICIA 4743 U.S. 19 NEW PORT RICHEY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD YOUNG, ROBERT M 316 CIRCLE DRIVE PALM HARBOR FL 34683</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>Bob W. Nolen</del> President Bob W. Nolen 2201 W. Navy Blvd Pensacola FL 32505</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President Patrick W. Nolen 2201 W. Navy Blvd Pensacola, FL 32505</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Dorothy S. Nolen 2201 W. Navy Blvd Pensacola, FL 32505</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bob W. Nolen**

**1-15-02**

**850-439-1146**

Date

Daytime Phone #

CR2E034 (9/01)