

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90194 043 ***150.00

DOCUMENT # V15102

1. Entity Name
SPECIALIZED POLYMERS, INC.



Principal Place of Business
2201 W NAVY BLVD
PENSACOLA FL 32505
US

Mailing Address
2201 W NAVY BLVD
PENSACOLA FL 32505
US



2. Principal Place of Business

1299 West Main Street

3. Mailing Address

P.O. Box 2128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

59-3109158

Applied For

Not Applicable

Zip

32501

Country

Escambia

Zip

32513-2128

Country

Escambia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOLEN, BOB W
2201 W NAVY BLVD
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **NOLEN, BOB W**
STREET ADDRESS **2201 W NAVY BLVD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **VP** ☐ Delete
NAME **NOLEN, PATRICK W**
STREET ADDRESS **2201 W NAVY BLVD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE **S** ☐ Delete
NAME **NOLEN, DOROTHY S**
STREET ADDRESS **2201 W NAVY BLVD**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bob W. Nolen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 850) 439-1146
Date Daytime Phone #

CR2E034 (11/02)