

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90051 026 ***155.00

DOCUMENT # V46501

1. Entity Name

COMPETITION SPECIALTIES INC.

Principal Place of Business

**16936 COUNTY ROAD 252
 MCALPIN FL 32062
 US**

Mailing Address

**16936 COUNTY ROAD 252
 MCALPIN FL 32062
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0340290

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

BECKENBACH, CLYDE D.

946 MACY STREET

WEST PALM BEACH FL 33405

Name

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

16968 County Road 252

City
McAlpin

FL

Zip Code
32062

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

02/21/02

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) **XX**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **BECKENBACH, CLYDE D.**
 STREET ADDRESS **946 MACY ST.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

☒ Change ☐ Addition
 TITLE **16968 County Road 252**
 NAME **McAlpin, Fl. 32062**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPST** ☐ Delete
 NAME **WOOD, ROWLAND W JR**
 STREET ADDRESS **16944 CR 252**
 CITY-ST-ZIP **MCALPIN FL 32062**

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

TITLE ☐ Delete
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☐ Change ☐ Addition
 TITLE
 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: Clyde Beckenbach 02/21/02 386-776-1476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)