

2001 UNIFORM BUSINESS REPORT (UBR)

AV 9108800

DOCUMENT # P0000081992

1. Entity Name
**ACADEMY, INC. * AMENDED *
 SPECIALIZED SOLUTIONS, INC.**


Principal Place of Business: 3910 RIGA BLVD. TAMPA FL 33619-1344
 Mailing Address: 3910 RIGA BLVD. TAMPA FL 33619-1344

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

FILED
 01 SEP 26 PM 1:38
 SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**WHITMAN, JOHN V JR.
 3910 RIGA BLVD.
 TAMPA FL 33619-1344**

7. Name and Address of New Registered Agent
 Name: **Carrie Cameron**
 Street Address (P.O. Box Number is Not Acceptable): **3910 Riga Blvd.**
 City: **Tampa** FL Zip Code: **33619**

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: *Carrie A. Cameron* **Carrie A. Cameron** DATE: **9-7-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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: CFO	NAME: Robert Hartford <input type="checkbox"/> Delete	TITLE: 400004616874 <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: -10/01/01--01010--001
STREET ADDRESS: 501 wexford Dr. E	STREET ADDRESS: Palm Harbor FL 34683	STREET ADDRESS: *****61.25	STREET ADDRESS: *****61.25
CITY-ST-ZIP: Palm Harbor FL 34683	CITY-ST-ZIP: Palm Harbor FL 34683	CITY-ST-ZIP: *****61.25	CITY-ST-ZIP: *****61.25
TITLE: COO	NAME: James Foster <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 11517 108th Pl. N.	STREET ADDRESS: Seminole FL 33778	STREET ADDRESS: 	STREET ADDRESS:
CITY-ST-ZIP: Seminole FL 33778	CITY-ST-ZIP: Seminole FL 33778	CITY-ST-ZIP: 	CITY-ST-ZIP:
TITLE: D	NAME: John Whitman <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 3910 Riga Blvd.	STREET ADDRESS: Tampa FL 33619	STREET ADDRESS: 	STREET ADDRESS:
CITY-ST-ZIP: Tampa FL 33619	CITY-ST-ZIP: Tampa FL 33619	CITY-ST-ZIP: 	CITY-ST-ZIP:
TITLE: CEO	NAME: CARRIE CAMERON <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 3910 RIGA BLVD	STREET ADDRESS: TAMPA, FL 33619	STREET ADDRESS: 	STREET ADDRESS:
CITY-ST-ZIP: TAMPA, FL 33619	CITY-ST-ZIP: TAMPA, FL 33619	CITY-ST-ZIP: 	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: 	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
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CITY-ST-ZIP: 	CITY-ST-ZIP: 	CITY-ST-ZIP: 	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME: 	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 	STREET ADDRESS: 	STREET ADDRESS: 	STREET ADDRESS:
CITY-ST-ZIP: 	CITY-ST-ZIP: 	CITY-ST-ZIP: 	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 empowerments.

SIGNATURE: *Carrie Cameron* **Carrie Cameron** DATE: **9-10-01** **813-621-6061**

Signature and typed or printed name of signing officer or director

CR2E034 (5/01)