

Amended

2001 UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 OCT -8 AM 3:16

DOCUMENT # P00000081992

1. Entity Name SPECIALIZED SOLUTIONS, INC.

Principal Place of Business 3910 RIGA BLVD. TAMPA, FL 33619 Mailing Address 3910 RIGA BLVD. TAMPA, FL 33619

2. Principal Place of Business Suite, Apt. #, etc. City & State 3. Mailing Address Suite, Apt. #, etc. City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 59-3670988 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARRIE A. CAMERON 3910 RIGA BLVD. TAMPA, FL 33619

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relistating) 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 Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include JOHN WHITMAN, ROBERT HARTFORD, JAMES COSTER, and CARRIE CAMERON.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include CHMN OF BOARD, CARRIE CAMERON, JAMES FOSTER, and JOHN WHITMAN.

CR2E034 (11/00)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-4-01 Daytime Phone # 813-621-6061