

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

0036887 AV

**DOCUMENT # 016575**

1. Entity Name  
**SCOTTY'S, INC.**

09-10-2001 90123 001 \*1,100.00

Principal Place of Business Mailing Address  
**5300 RECKER HIGHWAY 5300 RECKER HIGHWAY**  
~~P.O. BOX 639~~ ~~P.O. BOX 639~~  
**WINTER HAVEN FL 33882 WINTER HAVEN FL 33882**

12299



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**DELETE P.O. Box DELETE P.O. Box**  
 City & State City & State

4. FEI Number **59-0294700** Applied For  
 Not Applicable

Zip Country Zip Country

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  
**PATTEN, JOEY**  
**5300 RECKER HIGHWAY**  
**WINTER HAVEN FL 33882**  
 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 \_\_\_\_\_ (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)  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MORRIS, TOM</b> <b>5300 RECKER HIGHWAY</b> <b>WINTER HAVEN FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BOWNE, DOUG</b> <b>5300 RECKER HIGHWAY</b> <b>WINTER HAVEN, FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PATTEN, JOEY</b> <b>5300 N RECKER HWY</b> <b>WINTER HAVEN FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KENNON, DON</b> <b>5300 N RECKER HWY</b> <b>WINTER HAVEN FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>BRUNER, BOB</b> <b>5300 N RECKER HWY</b> <b>WINTER HAVEN FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PACOS, ROBERT</b> <b>5300 N RECKER HWY</b> <b>WINTER HAVEN FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: SIGNATURE OF DONALD 9/3/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)