

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90080 002 ***150.00

DOCUMENT # 356762

1. Entity Name
SCOTLAND ELECTRIC SUPPLY, INC.

DO NOT WRITE IN THIS SPACE

B0061747

2. Principal Place of Business 213 NW 1ST AVENUE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DANIA, FL		City & State	
Zip 33004	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 591281287		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name DILASCIO, RUDOLPH M., JR.	
		Street Address (P.O. Box Number is Not Acceptable) 5798 JOHNSON STREET	
		City HOLLYWOOD FL Zip Code 33021	

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SCURA, SUNDAY 426 SE 3RD STREET DANIA, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCURA, MARION 426 SE 3RD STREET DANIA, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCURA, SUNDAY, JR. 426 SE 3RD STREET DANIA, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCURA, CHERYL 10721 SW 57TH PLACE FORT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #