## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

810 N BELCHER ROAD

## 619219 **DOCUMENT #**

1. Entity Name

Principal Place of Business

SCOTT A. BRAUER, C.P.A., P.A.

810 N BELCHER ROAD			- · ·	810 N BELCHER ROAD CLEARWATER FL 33765-2103				, 00		9,50		
CLEARWATER FI	L 33765-21C	3	CLEAN	WATER FL 33703-21	w		) }					
2. Principal Pla	ce of Busine	ess	3. Maili	3. Mailing Address				I 1001/20 Elibet 33018 101/10 11001 1164/0 101/1 B101/ B101/2 B101/1 B101/1 B101/1 B101/1 B101/1 B101/1 B101/1				
Suite, Apt. #	etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State	·		City	City & State			<b>4.</b> F	4. FEI Number 59-1908928 Applied For Not Applicable				
Zip		Country Zip			Country			Certificate of Status Desired		\$8.75 Addit Fee Required		
6. Name and Address of Current Registered Agent					المراجع المراجع		7. Name and Address of New Registered Agent					
O. Hallio aria Marana						Name						
BRAUER, S	COTT A.			Street Address (P			¢ (P∩ B	P.O. Box Number is Not Acceptable)				
810 N BEL		ND.		Street Address			3 (1.0.0	OX Hamber to Het Hessphere				
CLEARWATER FL 33765-2103						City FL Zip Code						
						) "		ant or both in the State of Flo			ind accept	
8. The above r the obligation	named entity ons of regist	submits this stateme ered agent.	nt for the purp	ose of changing its	register	ed office or regis	tered ag	ent, or both, in the State of Flo	ilua, i ai	II lairimas with a	and docopi	
SIGNATURE _	Signature, typed	or printed name of registered	agent and title if app	olicable. (NOT	E: Registere	d Agent signature requ	ired when re	einstating)	DATE		<del></del>	
After	May 1, 200	! FEE IS \$150.00 3 Fee will be \$550 Florida Departme	.00					Election Campaign Fir Trust Fund Contribution			May Be to Fees	
10.	OFFICERS	TORS 11.			AC	DITIONS/CHANGES TO OFF	ICERS A	ND DIRECTORS	IN 11			
	PST .	011702.10		☐ Delete		TITLE				Change	Addition	
		SCOTT A.			NA	AE.						
	740 S. FL				STR	EET ADDRESS					\	
		Springs fl				Y-ST-ZIP						
TITLE	D		. <del>-</del>	☐ Delete	TITI	.E ]				☐ Change	☐ Addition	
	_	SCOTT A.			NA)						]	
	740 S. FL				1	EET ADDRESS					,	
CITY-ST-ZIP	TARPON:	springs fl				Y-ST-ZIP						
TITLE				Deléte "	1111				,	⁻E Change <sup>™</sup>	☐ Addition	
NAME					NAI	<b>I</b>						
STREET ADDRESS						REET ADDRESS Y-ST-ZIP						
CITY-ST-ZIP		<del></del> -	····		_	-		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
TITLE				☐ Delete	TIT NA							
NAME						REET ADDRESS						
STREET ADDRESS CITY-ST-ZIP					- 6	Y-ST-ZIP						
	<del></del>			Delete	TIT		-	<u> </u>		☐ Change	☐ Addition	
TITLE				□ Delete	NA	1				-		
NAME STREET ADDRESS						REET ADDRESS						
CITY-ST-ZIP	i				CII	Y-ST-ZIP						
-				☐ Delete	TIT	LÉ				Change	☐ Addition	
TITLE NAME						ME						
STREET ADDRESS					ST	reet address						
CITY-ST-ZIP						Y-ST-ZIP						
12.   hereby n	ertify that th	ne information supplie	d with this filing	g does not qualify for	or the ex	emption stated in	Section	119.07(3)(i), Florida Statutes.	i further	certify that the in	nformation or director	

**FILED** Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90064 018 \*\*\*150.00

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I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 trustes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accuracy with all other like empowered.