

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State
 03-08-2001 90080 019 ***158.75

0419921

DOCUMENT # 653605

1. Entity Name
SCUDDER AND COMPANY, INC.

Principal Place of Business

925 SE 3RD AVE.
 Ocala FL 34471
 US

Mailing Address

PO BOX 2315
 Ocala FL 34478
 US

00022739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 S. Magnolia Ave
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1629
 Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-1960234

Applied For

Not Applicable

Zip

34474

Country

us

Zip

34478

Country

us

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOZIER, HARRY C JR.
13 NE FIRST AVE.
OCALA FL 32670

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 report 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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE **PD** ☐ Delete
 NAME **SCUDDER, TODD S**
 STREET ADDRESS **4645 E SILVER SPRINGS**
 CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **120 S. Magnolia Ave**
 CITY-ST-ZIP **OCALA, FL 34474**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 I am empowered.

SIGNATURE:

Todd S. Scudder

TODD S. SCUDDER
 President

03/05/01

352-401-9069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)