## **2001 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # P00000113386 1. Entity Name SCOTT DEMALTERIS, P.A. 05-16-2001 90023 027 \*\*\*150.00 Principal Place of Business Mailing Address 5955 TRIPHAMMER RD. 5955 TRIPHAMMER RD. 550374 LAKE WORTH FL 33463 LAKE WORTH FL 33463 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-1065096 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent Name DEMALTERIS, SCOTT Street Address (P.O. Box Number is Not Acceptable) 5955 TRIPHAMMER RD. LAKE WORTH FL 33463 Zip Code changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement or the SIGNATUR (NOTE: Registered Agent signature required when reinstating egistered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME DEMALTERIS, SCOTT STREET ADDRESS STREET ADDRESS 5955 TRIPHAMMER RD. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete . TITLE ☐ Change Addition TITLE

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 extrustee enjoyees of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if exegute this report a other like empowered. changed, or on an attachment with addre

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR