

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

**FILED**  
**Jun 23, 2003 8:00 am**  
**Secretary of State**

5/2

05-22-2003 90143 038 \*\*\*158.75

**DOCUMENT #** P02000101020 *(2)*

**1. Entity Name**  
SCRAPPERS, INC.



**Principal Place of Business**  
3021 BLUE HERON DR. NORTH  
JACKSONVILLE FL 32223

**Mailing Address**  
~~3021 BLUE HERON DR. NORTH~~ P.O. Box 56045  
JACKSONVILLE FL ~~32223~~ 32241

**55049676**

**2. Principal Place of Business**  
4949 Sunbeam RD  
Suite, Apt. #, etc.

**3. Mailing Address**  
P.O. Box 56045  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

**City & State** Jacksonville FL

**City & State** Jacksonville FL

**Zip** 32257 **Country**

**Zip** 32241 **Country**

**4. FEI Number** 51-0429452  Applied For  Not Applicable

**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RIGGS, ROBERT D  
11954 MAGNOLIA FALLS DRIVE  
JACKSONVILLE FL 32258

**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 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE:** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE:** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b> <input type="checkbox"/> Delete
<b>NAME</b>	RIGGS, ROBERT D
<b>STREET ADDRESS</b>	11954 MAGNOLIA FALLS DR
<b>CITY-ST-ZIP</b>	JACKSONVILLE FL 32258
<b>TITLE</b>	<b>V</b> <input type="checkbox"/> Delete
<b>NAME</b>	MCGOUGH, DOUGLAS
<b>STREET ADDRESS</b>	137 WOODLANDS CREEK DRIVE
<b>CITY-ST-ZIP</b>	PONTE VERDA FL 32082
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>Sec/Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	Ross Ringle
<b>STREET ADDRESS</b>	3671 General Marshall Dr.
<b>CITY-ST-ZIP</b>	Daytona Beach, FL 32124
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. 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 10 or Block 11 if changed, 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 #** \_\_\_\_\_

CR2E034 (10/02)