2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90310 046 ***150.00

DOCUMENT # P98000055797

1. Entity Name

DAVID SCOTT, INC.

Principal Place of Business	Mailing Address
4060 NORTH HILLS DRIVE #38 HOLLYWOOD FL 33021	4060 NORTH HILLS DRIVE #38 HOLLYWOOD FL 33026-5943

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 NW 103 Terrace	400 NW 103 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33026 Country: USA	Zip: 33026 Country: USA

4. FEI Number 65-0847953 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, DAVID
4060 NORTH HILLS DRIVE #38
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name: DAVID SCOTT
Street Address (P.O. Box Number is Not Acceptable): 400 NW 103 Terrace
Pembroke Pines
City FL Zip Code 33026

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] DATE 1-5-2000
Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SCOTT, DAVID ~~4060 NORTH HILLS DRIVE #38~~ 400 NW 103 Ter ~~HOLLYWOOD FL 33021~~ Pembroke Pines, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Pres~~ President DAVID SCOTT 400 NW 103 Terrace Pembroke Pines, FL 33026	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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 like empowered.

SIGNATURE: [signature] REQUIRED 1-5-2000 954-261-6254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #