

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA000094503**

1. Entity Name

Scratch & Dent Grocery, Inc

FILED

01 JAN -2 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2284 Cranford Ave
Fort Myers, FL 33916**

2. Principal Place of Business

3. Mailing Address

SAME AS

12730 Eagle Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ABOVE

CAPE CORAL

City & State

City & State

FL

4. FEI Number

74-2934690

Applied For

Not Applicable

Zip

Country

Zip

Country

33909

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLEN NOWACK
12730 EAGLE ROAD
CAPE CORAL FL 33909**

Name

NA

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.

SIGNATURE

Ellen Nowack

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PRES / D** ☐ Delete
NAME **ELLEN NOWACK**
STREET ADDRESS **12730 Eagle Rd**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE ☐ Change ☐ Addition
NAME **8000003534088--6**
STREET ADDRESS **-01/12/01--01009--003**
CITY-ST-ZIP ******158.75 ****158.75**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **8000003534088--6**
STREET ADDRESS **-01/12/01--01009--003**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

Ellen Nowack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)