

DOCUMENT # 146257

1. Entity Name
SCARRITT MOTORS, INC.

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90050 040 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
555 34TH ST. SO. 555 34TH ST. SO.
P.O. BOX 13069 P.O. BOX 13069
ST PETERSBURG FL 33733 ST PETERSBURG FL 33733

2. Principal Place of Business 3. Mailing Address
8350 Park Blvd 8350 Park Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Seminole FL Seminole FL
Zip Zip
33777 33777
Country Country

4. FEI Number Applied For
59-0546880 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MANN, SAM H., JR.
150 2ND AVE. NO., SUITE 1500
ST PETERSBURG FL 33701

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.

SIGNATURE _____ DATE _____
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PDS SCARRITT, FRANK M., JR. 555 34 ST.SO., ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARRITT, DAHLGREN M. 555 34 ST.SO., ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARRITT, F. MORGAN, III 555 34 ST.SO., ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLEY, LYNN C. 555 34 ST.SO., ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARRITT, LEA D. 555 34 ST.SO., ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/01 727 327 3700
Date Date/Time Phone

CR2E034 (10/00)