

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90089 042 ***150.00

DOCUMENT # 146257
 1. Entity Name
SCARRITT MOTORS, INC.

Principal Place of Business Mailing Address
8350 PARK BLVD **8350 PARK BLVD**
SEMINOLE FL 33777 **SEMINOLE FL 33777**

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

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-0546880 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 **Delcamp + Siegel (MICHAEL SIEGEL)**
 Street Address (P.O. Box Number is Not Acceptable)
219 Fourth St. N
 City **St Petersburg** FL Zip **33701**

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 **Michael O. Siegel** **MICHAEL O. SIEGEL**
 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 \$150.00
After May 1, 2002 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	PDS	<input type="checkbox"/> Delete
NAME	SCARRITT, FRANK M., JR.	
STREET ADDRESS	555 34 ST.SO.,	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCARRITT, DAHLGREN M.	
STREET ADDRESS	555 34 ST.SO.,	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCARRITT, F. MORGAN, III	
STREET ADDRESS	555 34 ST.SO.,	
CITY-ST-ZIP	ST-PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POLLEY, LYNN C.	
STREET ADDRESS	555 34 ST.SO.,	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCARRITT, LEA D.	
STREET ADDRESS	555 34 ST.SO.,	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **FRANK SCARRITT** **3/14/02** **727-327-3700**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)