2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

146257 **DOCUMENT #**

1. Entity Name

SCARRITT MOTORS, INC.



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90162 048 ***150.00

TITLE NAME SCARRITT, LEA D. STREET ADDRESS CITY-SI-ZIP ST. PETERSBURG FL TITLE NAME STREET ADDRESS CITY-ST-ZIP Clarge TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	JOAN 11 11 1 1 1			GOOD WE TAS			
Principal Place of Business 3. Mailing Address Check HERE IF MANING CHANGES	8350 PARK BLVD	•	8350 PARK BLVD	•			
City & State City & State City & State Country Sp. Country Sp	2. Principal Plac	e of Business	3. Mailing Address				
City & State Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.				
6. Name and Address of Current Registered Agent Polician Michael. SIEGEL 219 FOURTH STREET SAINT PETERSBURG FL 3701 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent. 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the codigations of registered agent. 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am familiar with, and accept the codigations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00* Make Check Possible To Forida Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS IN 11	City & State		City & State		4. FEI Number 59-0546880	Not Applicable	
DELCAMP & SIEGEL ATTN: MICHAEL SIEGEL 219 FOURTH STREET N SAINT PETERSBURG FL 33701 6. The above named centry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. Tam termitiar with, and accept the obligations of registered agent. 5. The above named centry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. Tam termitiar with, and accept the obligations of registered agent. 6. The above named centry submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Tam termitiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Tam termitiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Tam termitiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Tam termitiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Tam termitiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Tam termitiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and accept the state of Fiorida. Tam termitiar with, and ac	Zip	Country	Zip	Country		Fee Required	
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ATTN: MICHAEL SIEGEL 219 FOURTH STREET N SAINT PETERSBURG FL 33701 8. The aboven nemaid 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OFFICIENT OF PANK M., JR. STREET ADDRESS SCARRITT, FRANK M., JR. STREET ADDRESS OLY: \$1.79 SCARRITT, DAHLGREN M. STREET ADDRESS OLY: \$1.70 ST. PETERSBURG FL. TITLE NAME STREET ADDRESS OLY: \$1.70 SCARRITT, FRANK M., JR. STREET ADDRESS OLY: \$1.70		d. Hame and the		Name	<u> </u>		
ATTN: MICHAEL SIEGEL 219 FOURTH STREET N SAINT PETERSBURG FL 33701 City FL Zip Code Code City FL Zi	OFI CAMP & SIEGEL			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
219 FOURTH STREET N SAINT PETERSBURG FI. 33701 City FL Zip Code							
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CITY-ST-ZIP 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director and that my page and that my page appears in Block 10 or Block 11 if	GHY-SI-ZIP		this filing does not quali	fy for the exemption stated	in Section 119.07(3)(i), Florida Statutes.	further certify that the information	

I hereby certify that the information supplied with this lightly does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Figures Certify that I am an officer or director 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.