

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 465618

1. Entity Name

D. L. SCOTTO & CO., INC.

Principal Place of Business

1110 N 2ND ST  
PO BOX 1017  
FT PIERCE FL 34954

Mailing Address

1110 N 2ND ST  
PO BOX 1017  
FT PIERCE FL 34954-1017

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

59-1581916

Applied For

Not Applicable

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

SCOTTO, DOMINICK A  
1110 NORTH SECOND ST.  
FT. PIERCE FLORIDA 34950

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

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, 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	D	<input type="checkbox"/> Delete
NAME	SCOTTO, ANTHONY M	
STREET ADDRESS	1110 N 2ND ST	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCOTTO, JOHN A	
STREET ADDRESS	1110 N 2ND ST	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCOTTO, DOMINICK A	
STREET ADDRESS	1110 N 2ND ST	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTTO, JOSEPH G	
STREET ADDRESS	1110 N 2ND ST	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE	C	<input type="checkbox"/> Delete
NAME	POHL, ALAN R	
STREET ADDRESS	1110 N 2ND ST	
CITY-ST-ZIP	FT PIERCE, FL 00000	
TITLE		<input type="checkbox"/> Delete
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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90034 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)