

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**  
 04-03-2001 90041 019 \*\*\*150.00

0562260

**DOCUMENT # 465618**

1. Entity Name

**D. L. SCOTTO & CO., INC.**

Principal Place of Business

Mailing Address

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

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

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 FL 34950**

Name

**JOHN A. SCOTTO**

Street Address (P.O. Box Number is Not Acceptable)

**1110 N. 2ND ST**

City

**FT. PIERCE**

**FL**

Zip Code

**34950**

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

*Joseph Scotto*

**3/26/01**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME **D**  
 STREET ADDRESS **SCOTTO, ANTHONY M**  
 CITY-ST-ZIP **1110 N 2ND ST**  
**FT PIERCE, FL 00000**

TITLE ☐ Delete

NAME **VPD**  
 STREET ADDRESS **SCOTTO, JOHN A**  
 CITY-ST-ZIP **1110 N 2ND ST**  
**FT PIERCE, FL 00000**

TITLE ☒ Delete

NAME **PD**  
 STREET ADDRESS **SCOTTO, DOMINICK A**  
 CITY-ST-ZIP **1110 N 2ND ST**  
**FT PIERCE, FL 00000**

TITLE ☐ Delete

NAME **SD**  
 STREET ADDRESS **SCOTTO, JOSEPH G**  
 CITY-ST-ZIP **1110 N 2ND ST**  
**FT PIERCE, FL 00000**

TITLE ☐ Delete

NAME **C**  
 STREET ADDRESS **POHL, ALAN R**  
 CITY-ST-ZIP **1110 N 2ND ST**  
**FT PIERCE, FL 00000**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **PRESIDENT**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **VICE-PRESIDENT**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **SECRETARY/TREASURER**  
 STREET ADDRESS  
 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 another like empowered.

SIGNATURE:

*Joseph Scotto*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/01**

Date

Daytime Phone #

**561-464-0300**

CR2E034 (10/00)