2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

538770 **DOCUMENT #**

1. Entity Name

SCOTTISH ELECTRIC CO.



Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90628 036 ***150.00

Principal Place of Business Mailing Address 154 WESTWOOD DRIVE 154 WESTWOOD DRIVE NAPLES FL 34110 NAPLES FL 34110 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 34-0940702 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NICOL, JAMES H. Street Address (P.O. Box Number is Not Acceptable) 1917 EMPRESS COURT NAPLES FL 34110 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE WILLIAM, BRUNT NAME 154 WESTWOOD DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BRUNT, HEATHER NAME NAME 154 WESTWOOD DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE? Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address

SIGNATURE: