

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 547898

1. Entity Name

SCOUT REALTY, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90134 016 ***150.00

Principal Place of Business

Mailing Address

1232 SW 4TH COURT
CAPE CORAL FL 33991
US

1232 SW 4TH COURT
CAPE CORAL FL 33991
US

2. Principal Place of Business

3912 ORANGE GROVE BLVD

Suite, Apt. #, etc.

APT 3

3. Mailing Address

3912 ORANGE GROVE BLVD

Suite, Apt. #, etc.

APT 3

City & State

NORTH FT MYERS, FL.

City & State

NORTH FT MYERS, FL.

Zip

33903

Country

USA

Zip

33903

Country

USA

4. FEI Number

59-1770705

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

COTTRELL, JAMES L.
1612 CAPE CORAL PKWY., SUITE 204
CAPE CORAL FL

Name

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

City

B.

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)

4/24/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MEREDITH, A. OWEN
1232 SW 4TH COURT
CAPE CORAL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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MEREDITH, JANICE S.
1232 SW 4TH COURT
CAPE CORAL FL ☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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
A. OWEN MEREDITH

4/24/01

(941) 656-2834

Date

Daytime Phone #

CR2E034 (10/00)