2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)						()	FILED 02 JAN 30 PM 2: 46		
DOCUMENT # 550834 1. Entity Name SCOTFAM, INC.									
SCOTFAIV	i, inc.								
Principal Place of Business			Mailing Address			—\ <i>i</i>	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
313 BEACH BLVD. JACKSONVILLE BEACH FL 32250			313 BEACH BLVD. JACKSONVILLE BEACH FL 32250						
2. Principal Place of Business			3. Mailing Address				A REGION BUILD BUILD DE LOUIS ANNO BUILD B		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. 1	FEI Number 59-1781542 Applied For Not Applicable		
Zip Country			Zip	Zip Country		5. (Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent		Name	7. 1	Name and Address of New Registered Agent		
SCÓTT, JOHN C III 1348 PINEWOOD AVE JACKSONVILLE BEACH FL 32250			ADDRESS Change on	ADDRESS Syear Boryass (deless (P.O. E MA	P.O. Box Number is Not Acceptable) MRRSH DREEZE COULT		
					City	KSONYI	116. FL Zip 200 24		
SIGNATURE . 9. This corporate filing a	Signature, typed	or printed name of registered agent lible to satisfy its Intangible and elects to do so.	and title if applicable. (NOT	E: Registere	IS \$150.0	ore required when re	einstating) DATE 10. Election Campaign Financing Trust Fund Contribution. DATE Added to Fees		
11.		OFFICERS AND		12.			DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14634 LAC	OHN C JR., GOON DR VILLE BCH FL	□ Delete				Change Addition 8000049131983 -02/13/0201818015 ****150.00 ****150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	14634 LAC	ARY GRAY BOON DR VILLE BCH FL	☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OHN C III WOOD AVE. VILLE BCH,FL00000	☐ Delete			14574 Jacks	MARSH BREEZE COURT ONVILLE FC 32224		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Change ☐ Addition		
indicated	d on this repo	rt or supplemental report is	true and accurate and that	my signa t as requi	iture shall h	ave the same	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 11 or Block 12 if		