

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 833224**

1. Entity Name

SCARBOROUGH & ASSOCIATES, INC.**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90247 019 ***150.00

Principal Place of Business

Mailing Address

**C/O C T CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
PLANTATION FL 33324****P. O. BOX 7127
8751 WEST BROWARD BOULEVARD
DOTHAN AL 36302
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0673240**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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, 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	P	☐ Delete
NAME	SCARBOROUGH, C. DAVID	
STREET ADDRESS	1202 VICTORIA LANE	
CITY-ST-ZIP	DOTHAN AL	
TITLE	D	☐ Delete
NAME	SCARBOROUGH, MURRIEL W.	
STREET ADDRESS	1202 VICTORIA LANE	
CITY-ST-ZIP	DOTHAN AL	
TITLE	VPS	☐ Delete
NAME	MEREDETH, PHILLIP G	
STREET ADDRESS	102 ANNA LEE	
CITY-ST-ZIP	DOTHAN AL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**C. David Scarborough 1/15/01 (334)794-2781**

Date

Daytime Phone #

CR2E034 (10/00)