

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90246 041 ***150.00

DOCUMENT # 833224

1. Entity Name

SCARBOROUGH & ASSOCIATES, INC.

Principal Place of Business

**C/O C T CORPORATION SYSTEM
 8751 WEST BROWARD BOULEVARD
 PLANTATION FL 33324**

Mailing Address

**P. O. BOX 7127
 8751 WEST BROWARD BOULEVARD
 DOTHAN AL 36302
 US**

2. Principal Place of Business

3. Mailing Address

P. O. Box 7127

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**City & State
 Dothan, AL**

Zip

Country

**Zip
 36302**

Country

U.S.A.

4. FEI Number

63-0673240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



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, 2002 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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SCARBOROUGH, MURRIEL W.**
 STREET ADDRESS **1202 VICTORIA LANE**
 CITY-ST-ZIP **DOTHAN AL**

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

TITLE **VPS** ☐ Delete
 NAME **MEREDETH, PHILLIP G**
 STREET ADDRESS **102 ANNA LEE**
 CITY-ST-ZIP **DOTHAN AL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

COPIES REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David Scarborough, President

January 25, 2002

(334)794-2781

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
**SCARBOROUGH
& ASSOCIATES, INC.**

580 Murray Rd.
PO BOX 7127

DOTHAN, ALABAMA 36302

TELEPHONE (334) 794-2781

FAX (334) 671-1710

TO: Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

LETTER OF TRANSMITTAL

Document #
833224
821910

DATE 01/29/2002	JOB NUMBER
ATTENTION Uniform Business Report Filings	
RE: 2002 Uniform Business Report Document #833224	

We are sending you: ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop Drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of Letter ☐ Change Order ☐

COPIES	DATE	NO.	DESCRIPTION
1			Completed 2002 Uniform Business Report
1			Company Check No. 9091 in the amount of \$150.00

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies
☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review/comment ☐ Other: _____
☐ FOR BIDS DUE _____

REMARKS:

COPY TO: _____

SIGNED: _____

Melissa A. Bishop
Melissa A. Bishop, Administrative Assistant