

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90241 013 ***150.00

DOCUMENT # F40443



1. Entity Name
SCOSTA CORP.

Principal Place of Business
% SCOTT STANLEY
915 SOUTH NORTH LAKE DRIVE
HOLLYWOOD FL 33019

Mailing Address
% SCOTT STANLEY
915 SOUTH NORTH LAKE DRIVE
HOLLYWOOD FL 33019



2. Principal Place of Business
SCOSTA CORP
Suite, Apt. #, etc.

3. Mailing Address
SCOSTA CORP
Suite, Apt. #, etc.

3705 COMMERCE CENTER DRIVE
City & State
SEBRING, FL

3705 COMMERCE CENTER DRIVE
City & State
SEBRING, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2129098**

Applied For
Not Applicable

Zip
33870

Country

Zip
33870

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, SCOTT II
915 SOUTH NORTHLAKE DRIVE
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name **STANLEY, SCOTT**
Street Address (P.O. Box Number is Not Acceptable)
3705 COMMERCE CENTER DRIVE
SEBRING
City **SEBRING** **FL** Zip Code **33870**

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 **SCOTT STANLEY, PRES** DATE **1/28/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STANLEY, SCOTT, II 915 S NORTH LAKE DR HOLLYWOOD, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS STANLEY, MADELINE S 915 S NORTH LAKE DR HOLLYWOOD, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SCOTT STANLEY** DATE **1/28/03** Daytime Phone # **863 385 8242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)