
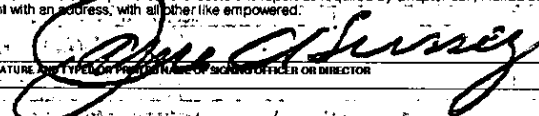


03-28-2003 90110 020 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F93000005949			
1. Entity Name SCOTT ELECTROKRAFTS, INC.			
Principal Place of Business 84 ROUTE 6 P.O. BOX 358 ANDOVER, CT 06232		Mailing Address 84 ROUTE 6 P.O. BOX 358 ANDOVER, CT 06232	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERGERON, ERNEST 15835 CORPORATE ROAD NORTH JUPITER, FL 33478		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and UBR if applicable.		(NOTE: Registered Agent's signature required when reissuing)	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSEY, JAMES W.	NAME	
STREET ADDRESS	84 ROUTE 6	STREET ADDRESS	
CITY-ST-ZIP	ANDOVER, CT	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSSEY, CAROL A	NAME	
STREET ADDRESS	84 ROUTE 6	STREET ADDRESS	
CITY-ST-ZIP	ANDOVER, CT	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 807, 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: 		Date: 3-24-03 Daytime Phone: 860-647-1453	
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date and Daytime Phone	

90063481



CHECK HERE IF MAKING CHANGES

4. FEI Number **06-0883835** Applied For Not Applicable

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

CR20034 (10/02)