

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004414

1. Entity Name

SCOTT SERVICE CORPORATION

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90009 003 \*\*\*150.00

Principal Place of Business

Mailing Address

300 SCOTSDALE AVE  
SCOTSDALE PA 15683

P.O. BOX 414  
SCOTSDALE PA 15683-0414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

~~25-1000000~~ 1608151

Applied For

Not Applicable

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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, 2000 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 ☐ Delete  
NAME PD  
STREET ADDRESS MONGELL, PAUL  
CITY-ST-ZIP 541 E. CRAWFORD AVE.  
CONNELLSVILLE PA 15425

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS QUIGLEY, LAWRENCE W  
CITY-ST-ZIP 300 SCOTSDALE AVE.  
SCOTSDALE PA 15683

TITLE ☒ Change ☐ Addition  
NAME VICE PRESIDENT/DIRECTOR  
STREET ADDRESS RT5, BOX 214  
CITY-ST-ZIP CAMERON WV 26033-9508

TITLE ☐ Delete  
NAME S  
STREET ADDRESS COMO, SANDRA E  
CITY-ST-ZIP 613 HENRY STREET  
BELLE VERNON PA 15012

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

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS WISHART, JAMES  
CITY-ST-ZIP 302 SPRUCE STRET  
SCOTSDALE PA 15683

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

TITLE ☒ Delete  
NAME ASD  
STREET ADDRESS GRUSS, LORI J  
CITY-ST-ZIP 115TH SOUTH SHUPE ST.  
MT. PLEASANT PA 15666-1918

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

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

JAMES WISHART, TREASURER

4/12/00

Date

724-887-9110

Daytime Phone #

CR2E034 (9/99)