

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90044 023 ***550.00

0120514 AT

DOCUMENT # G48847

1. Entity Name
THE SCARLIN CORPORATION

Principal Place of Business: P. O. BOX 1407, THONOTOSASSA FL 33592
 Mailing Address: P. O. BOX 1407, THONOTOSASSA FL 33592

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **NOT APPLICABLE** 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
SCARPO, ARTHUR
ROUTE 2, BOX 367
TAMPA FL 33610

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee will be \$750.00
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: PD NAME: SCARPO, ARTHUR STREET ADDRESS: 8707 W. KNIGHTS GRIFFEN CITY-ST-ZIP: PLANT CITY FL | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: PLESS, MADELYN STREET ADDRESS: 8707 W. KNIGHTS GRIFFEN CITY-ST-ZIP: PLANT CITY FL | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete | 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"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Arthur Scarpo* **ARTHUR V. SCARPO, 8/21**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/01)