

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90017 036 ***550.00

DOCUMENT # G66795

1. Entity Name
C.T. SCAN ASSOCIATES, INC.

Principal Place of Business Mailing Address
C. T. SCAN ASSOCIATES, INC. **C. T. SCAN ASSOCIATES, INC.**
2815 SOUTH SEACREST BOULEVARD **2815 SOUTH SEACREST BOULEVARD**
BOYNTON BEACH FL 33435 **BOYNTON BEACH FL 33435**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2332741** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JARED, O. ALAN III
935 EMERALD ROW
GULFSTREAM FL 33483

7. Name and Address of New Registered Agent
 Name **Jared, O. Alan III**
 Street Address (P.O. Box Number is Not Acceptable) **21301 Powerline Road Suite 204**
 City **Boca Raton** FL Zip Code **33433**

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 _____ (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 \$550.00
After September 13, 2002 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	JARED, O. ALAN III	
STREET ADDRESS	935 EMERALD ROW	
CITY-ST-ZIP	GULF STREAM FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GRAVES, DAVID B	
STREET ADDRESS	903 SW 28 AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CAVANAGH, RICHARD C.	
STREET ADDRESS	4134 SHELLDRAKE LN	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PHILLIPS, JOSEPH F.	
STREET ADDRESS	52 RIVER DRIVE	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROONEY, STEVEN J	
STREET ADDRESS	930 EMERALD ROW	
CITY-ST-ZIP	GULF STREAM FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]** **DATE REQUIRED** 7/2/02 (561) 737-7733 x4788

CR2E034 (4/02)