2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G93522

1. Entity Name

CAMPBELL & SCOTT, INC.



FILED
Mar 06, 2003 8:00 am §
Secretary of State

03-06-2003 90138 017 ***150.00

				W. T.					
Principal Place of Business 596 INTERNATIONAL PL. ROCKLEDGE FL 32955 US		Mailing Address 596 INTERNATIONAL ROCKLEDGE FL 329 US							
2. Principal	Place of Business	3. Mailing Address			7 188421 8842 18488 14181 81122 411 	!! ! {			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2388233			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired		8.75 Ad	ditional	1
	6. Name and Address of Current	Registered Agent			7. Name and Address of New R	egistered Ag	ent		┨
			Nam	е		- 			1-
SCOTT, I	DANIEL T.		Stroo	t Addrson /F	O Day Number is Net Assessable	`			┨
1075 E. (Crisafulli RD.		Stree	a Address (F	O. Box Number is Not Acceptable	;)			
MERRITT	ISLAND FL 32953								1
			City			FL	Zip Coc	le	$\frac{1}{2}$
8 The above	named entity submits this statement fo	r the purpose of changin	us its registered office	or registers	d agent or both in the State of Cla		milian vide		4
the obliga	tions of registered agent.	r the purpose of changin	g its registered office	or registere	d agent, or both, in the State of Fig	ilioa. Tailitai	rilliar with,	апо ассері	1
	One 1 Sunt	Daniel Sco	.11			03/00	1/12		ì
SIGNATURE	Signature, typed or printed name of registered agent		(NOTE: Registered Agent sig	nature required v	vhen reinstating)	DATE	1/03		
	THE NOW!!! FEE 10 6450 00								\dashv
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	State			 Election Campaign Fin Trust Fund Contribution 	~ —		00 May Be d to Fees	
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NAME	,	□ Delete	TITLE		ADDITIONS/CHANGES TO OFF		Change	☐ Addition	8
NAME STREET ADDRESS	SCOTT, SHERRY		TITLE NAME	25	ADDITIONS/CHANGES TO OFFI			Addition	(10/02)
	SCOTT, SHERRY 1075 E. CRISAFULLI RD.		TITLE	ss	ADDITIONS/CHANGES TO OFFI			Addition	03/1/10/00
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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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



03/04/03

321-636-1101

Daytime Phone #