Mar 05, 2001 8:00 am

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H32870

SIGNATURE:

Secretary of State 1. Entity Name THE SCOTT PARTNERSHIP ARCHITECTURE INCORPORATED 03-05-2001 90307 014 ***158.75 Principal Place of Business Mailing Address 1900 SUMMIT TOWER BLVD 1900 SUMMIT TOWER BLVD SUITE 260 SHITE 260 ORLANDO FL 32810 ORLANDO FL 32810 2. Principal Place of Business #23 S. Keller Road 3. Mailing Address 433 5 5. Keller Road DO NOT WRITE IN THIS SPACE *200* 4. FEI Number Applied For 59-2485987 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT, RAYMOND L Box Number is Not Acceptable) S Keller Road Street Address_(P 200 EAST ROBINSON STREET SUITE 500 ORLANDO FL 32801 City ηtity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, CR2E034 (10/00) **PSTD** Change TITLE ☐ Detete TITLE NAME SCOTT, RAY NAME 423 S. Keller Road Suite 200 STREET ADDRESS STREET ADDRESS 1900 SUMMIT TOWER BLVD SUITE 260 CITY-ST-ZIP Orlando CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE " Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.