

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90136 036 \*\*\*150.00

C0002015



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # H41595</b>			
<b>1. Entity Name</b> <b>SCOTT WAYNE COMMUNITIES, INC.</b>			
<b>Principal Place of Business</b> 501 N GRANDVIEW AVE STE 105 DAYTONA BEACH FL 32118		<b>Mailing Address</b> 501 N GRANDVIEW AVE STE 105 DAYTONA BEACH FL 32118 US	
<b>2. Principal Place of Business</b> 1440 NOVA RD. Suite, Apt. #, etc. #301 City & State Holly Hill, FL Zip 32117 Country USA		<b>3. Mailing Address</b> 1440 NOVA RD. Suite, Apt. #, etc. #301 City & State Holly Hill, FL Zip 32117 Country USA	
<b>4. FEI Number</b> 59-2556153		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> MARTIN, ROBERT D 501 N GRANDVIEW AVE STE 105 DAYTONA BCH FL 32118		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> MARTIN, RICHARD 501 N GRANDVIEW AVE #105 DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> SCOTT, RONALD A 501 N GRANDVIEW AVE #105 DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> MARTIN, ROBERT D 501 N GRANDVIEW AVE #105 DAYTONA BEACH FL 32118 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b>		<b>1/4/2001</b>	<b>904 238-5577</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (10/00)