

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H54883**

1. Entity Name
THOMAS R. SCOTT GENERAL CONTRACTOR INC.

Principal Place of Business Mailing Address
7120 NW 5TH AVE SAME
BOCA RATON, FL
33487

2. Principal Place of Business 3. Mailing Address
7120 NW 5TH AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
SAME

City & State City & State
BOCA RATON, FL
Zip Country Zip Country
33487 USE

FILED
01 NOV - 1 PH 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
521415337 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Thomas R. Scott
7120 NW 5TH AVE
BOCA RATON, FL
33487

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 **Thomas R. Scott** **Thomas R. Scott** DATE **10/29/01**
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. (See criteria on back)
10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/SECT THOMAS R SCOTT 7120 NW 5TH AVE BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LS
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 900004705619--8 -12/05/01--01028--025 ***150.00 ***150.00
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: **Thomas R. Scott** DATE **10/29/01** DAYTIME PHONE # **561-445-6918**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)

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Thomas R. Scott General Contractor Inc.
7120 N.W. 5th Ave
Boca Raton, Fl 33487
Ph : 561-445-6918
Fax: 561-988-0456

October 29, 2001

Division of Corporations

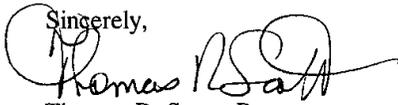
To whom it may concern,

I was looking for some information on the web site and checked that my Corporation was Dissolved by Admin for not filing Annual report... I never received my forms and have moved to the new address listed above. I filed an address change on the web site and filed electronically or should I say I thought I did. Then to my surprise I found that It never took place.

Please reinstate me for the year of 2001 and change my address to the above listed address. I have enclosed the check for \$150.00 as required...

Thank you for your attention to this matter.

Sincerely,



Thomas R. Scott, Pres
Thomas R. Scott General Contractor Inc.