

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90096 016 \*\*\*150.00

DOCUMENT # H98847  
1. Entity Name  
Scott's Bobcat Service Inc

**DO NOT WRITE IN THIS SPACE**

- 34561

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
812 S. Dixie Hwy  
Suite, Apt. #, etc.  
Pompano Beach FL  
City & State

3. Mailing Address  
P.O. Box 1675  
Suite, Apt. #, etc.  
Pompano Bch, FL  
City & State

Zip 33060 Country US Zip 33061 Country US

4. FEI Number  
59-2636980 Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GAIL W. Scott

Street Address (P.O. Box Number is Not Acceptable)  
2550 NE 16 St

City Pompano Bch FL Zip Code 33062

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>GAIL W. SCOTT</u> <u>2550 NE 16 St.</u> <u>Pompano Bch, FL 33062</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gail W. Scott  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail W. Scott4-25-02

Date

Daytime Phone #

CR2E034B (12/01)

954-785-4778