

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J63175

1. Entity Name

SCOTAD INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90045 041 ***550.00

Principal Place of Business

% MARY K. BERLIN
950 U.S. #1
VERO BEACH FL 32960

Mailing Address

P.O. BOX 64-4259
VERO BEACH FL 32964
US

2. Principal Place of Business

760-3 8TH CT.
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2789261

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERLIN, B. ADAM
760-3 8TH CT.
VERO BEACH FL 32962

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

B. Adam Berlin

Signature, typed or printed name of registered agent and fee 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)

☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME BERLIN, B. ADAM
STREET ADDRESS 514 BAY DR
CITY-ST-ZIP VERO BEACH FL

☐ Delete

TITLE V
NAME BERLIN, SCOTT R
STREET ADDRESS 514 BAY DRIVE
CITY-ST-ZIP VERO BEACH FL

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TITLE ST
NAME BERLIN, MARY K
STREET ADDRESS 514 BAY DRIVE
CITY-ST-ZIP VERO BEACH FL

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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:

B. Adam Berlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00
Date

(50)
563-0040
Daytime Phone #

CF 2:034 (1/99)