## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 15, 2000 8:00 am Secretary of State **DOCUMENT # J75549** 1. Entity Name SCANLAN & ASSOCIATES, INC. 09-15-2000 90020 016 \*\*\*550.00 Mailing Address Principal Place of Business 4401 14TH STREET. NE 4401 14TH STREET. NE ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 A0078685 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2825689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCANLAN, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 4401 14TH STREET. NE ST. PETERSBURG FL 33703 Zip Code FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE TITLE ☐ Delete SCANLAN, WILLIAM J. NAME NAME 4401 14TH STREET N.E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Addition ☐ Change ☐ Delete TITI F TITLE SCANLAN, DEBURAN F 4401 14 57. NE NAME STREET ADDRESS PETELSBURG 33703 CITY-ST-7IP ☐ Addition ☐ Delete TITL F Change NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**SIGNATURE** 

JULIANA LASS DE OUMES TOUT SIGNING OFFICER OR DIRECTOR

9/1/00

727-526.3966

Daytime Phone #