## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other

SIGNATURE:

## Mar 28, 2002 8:00 am Secretary of State DOCUMENT # K08862 1. Entity Name 03-28-2002 90153 005 \*\*\*150.00 D & S SCANLAN CORP. Principal Place of Business Mailing Address 4726 N.LOIS AVENUE 4726 N.LOIS AVENUE SUITE A SUITE A **TAMPA FL 33614** TAMPA FL 33614 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 65-0031832 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KALIEMAN L. LEO Street Address (P.O. Box Number is Not Acceptable) 605\_OAKS\_DRIVE #706 POMPANO-BEACH-FL-98069 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intargible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Change Addition TITLE ☐ Delete TITLE NAME NAME SCANLAN, DANIEL J. STREET ADDRESS STREET ADDRESS 4116 PALM AIRE DRIVE, W. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Delete TITLE Change Addition AS NAME SCANLAN, DANIEL J. NAME STREET ADDRESS STREET ADDRESS 4116 PALM AIRE DRIVE, W. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME SCANLAN, SHIRLEY A. STREET ADDRESS STREET ADDRESS 4116 PALM AIRE DRIVE, W. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition 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

**FILED**