

2005-Amended A/K
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

08-05-2005 90004 036 ****61.25
K25538

DOCUMENT # K25538 1. Entity Name SCOTT RENTALS INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2019 N. EAST AVENUE Suite, Apt. #, etc.	3. Mailing Address 2019 N. EAST AVENUE Suite, Apt. #, etc.
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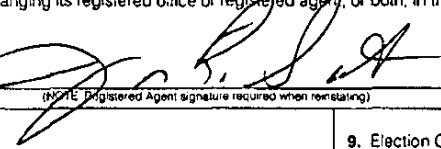
City & State PANAMA CITY FLORIDA	City & State PANAMA CITY FLORIDA
Zip 32405	Country USA

4. FEI Number 59-2901508	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 JAMES R. SCOTT	
Street Address (P.O. Box Number is Not Acceptable) 6513 BAYLINE DRIVE	
City PANAMA CITY	FL Zip Code 32404

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. I am familiar with, and accept the obligations of registered agent.

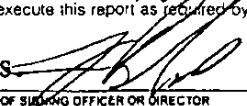
SIGNATURE JAMES R. SCOTT, REG. AGENT  DATE 8/1/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR's \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD, VP, D JAMES R. SCOTT 2019 N. EAST AVENUE PANAMA CITY FLORIDA 32405	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, S TRACY L. SCOTT 8824 CROOK HOLLOW ROAD PANAMA CITY FLORIDA 32404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE: JAMES R. SCOTT, PRES  8/1/2005 850-763-4834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)