2005 - Amended A/R

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

FILED
05 AUG 16 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50060162
DO NOT WRITE IN THIS SPACE

DOCUMENT # K25538

1. Entity Name
SCOTT RENTALS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2019 N. EAST AVENUE Suite, Apt. #, etc.	2019 N. EAST AVENUE Suite, Apt. #, etc.
City & State: PANAMA CITY FLORIDA	City & State: PANAMA CITY FLORIDA
Zip: 32405 Country: USA	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 — 8/1/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $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: PD, VP, T, D NAME: JAMES R. SCOTT STREET ADDRESS: 2019 N. EAST AVENUE CITY-ST-ZIP: 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: T,S NAME: TRACY L. SCOTT STREET ADDRESS: 8824 CROOK HOLLOW ROAD CITY-ST-ZIP: PANAMA CITY FLORIDA 32404	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:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE 8/16

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 #

CR2E034B (12/02)