

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90186 042 *****50.00

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DOCUMENT # L02000000813

1. Entity Name

SCOTT ROAD, L.L.C.



Principal Place of Business

**1325 ATLANTIC AVE.
FERNANDINA BEACH FL 32034**

Mailing Address

**1325 ATLANTIC AVE.
FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

P.O. Box 1200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fernandina Beach, FL 32035

Zip

Country

Zip

Country

4. FEI Number

02-0616564

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MOTOLAW, INC.
50 NORTH LAURA STREET, SUITE 2500
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

Harry R. Trevett

Street Address (P.O. Box Number is Not Acceptable)

1325 Atlantic Avenue

City

Fernandina Beach

FL

Zip Code

32034

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

Harry R. Trevett

Harry R. Trevett

4/25/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR.** ☐ Delete
NAME **Harry R. Trevett**
STREET ADDRESS **1325 Atlantic Avenue**
CITY-ST-ZIP **Fernandina Beach, FL 32034**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Harry R. Trevett

Harry R. Trevett

4/25/03

(904) 261-2235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)