2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L15627

1. Entity Name

LAW OFFICES OF JIM SCUTTLEP A

FILED Feb 05, 2001 8:00 am Secretary of State

| | | LAW OFFICES OF JIIVI SCUTTI, F.A. | | | | | | | | | |
|--|--|---|---|--|--|--|--|--|---|--|--|
| ce of Business | Mailing Address 980 N. FEDERAL HWY. | | | | | | | | | | |
| FL 33432 | BOCA RATON FL 33432 US | BOCA RATON FL 33432 | | | | | | | | | |
| Place of Business | 3. Mailing Address | 3. Mailing Address | | | | | | | | | |
| #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | DO NO1 | WRITE I | N THIS S | SPACE | | |
| le | City & State | City & State | | 4. F | 4. FEI Number 65-0149805 | | | | Applied For Not Applicable | | |
| Country | Zip | Country | | 5. C | ertificate of | Status Des | ired | | | | |
| 6. Name and Address of Curre | nt Registered Agent | | | 7. N | ame and A | ddress of I | lew Regi | istered A | \gent | | \Box |
| | | l | Name | | 1 | | | | | | |
| N. FEDERAL HWY. | | | Street Addres | s (P.O. B | ox Number i | s Not Acce | ptable) | | | | |
| | • | | City | | | | | | Zip Co | ode | \dashv |
| | | | | | | | | | | | _ |
| oration is eligible to satisfy its Intangi | bleFILE NOW | VIII EEE IS | \$ \$150.00 | | -10. Electi | | - | | | | |
| | Make Check Paya | | | | Trust | runa Conti | ibution. | | J Add | ed to Fees | |
| | | 12. | | ADI | DITIONS/CH | HANGES TO | OFFICE | RS AND | DIRECTO | | |
| SCUTTI, JIM 980 N. FEDERAL HWY. STE. 4 | | | I | | | | | | ☐ Change | e 🔲 Addilio | n |
| | ☐ Delete | | · I | | | | | John . | ☐ Change | e 🔲 Additio | - ; |
| | ☐ Đelete | | - 1 | | | | | | ☐ Change | e 🔲 Additio | n |
| | ☐ Delete | | · · · · · · · · · · · · · · · · · · · | | 10 | ŭ. | | | ☐ Change | e Additio | n |
| | ☐ Delete | | | | | | | | Change | Additio | n |
| | ☐ Delete | TITLE NAME STREET | ADDRESS | · | | | | | Change | Addition | n . |
| | Place of Business #, etc. te Country 6. Name and Address of Curre ITTI, JIM N. FEDERAL HWY. TE 434 A RATON FL 33432 e named entity submits this statemen Signature, typed or printed name of registered ag oration is eligible to satisfy its Intangirequirement and elects to do so. what on back) OFFICERS AND PD SCUTTI, JIM | AL HWY. SulTE: 434 BOCA RATON FL 33432 US Place of Business 3. Mailling Address #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent ITTI, JIM N. FEDERAL HWY. TE 434 A RATON FL 33432 Pramed entity submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement and title if applicable. Properties on back of the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits this statement for the purpose of changing in the continuing submits the continuing submits and submits submits and submits submits and submits submits and submits | AL HWY. SUITE 434 BOCA RATON FL 33432 US Place of Business 3. Mailing Address 4. etc. Suite, Apt. #, etc. Country Zip Country 6. Name and Address of Current Registered Agent ITTI, JIM N. FEDERAL HWY. TE 434 A RATON FL 33432 Paramed entity submits this statement for the purpose of changing its registered agent and title if applicable. (NOTE: Registered 3 and title if applicable. Properties of printed name of registered agent and title if applicable. Oration is eligible to satisfy its Intangible requirement and elects to do so. After MAY 1, 2001 Fee we wake Check Payable to Degree of the Country of | AL HWY. SUITE '434' BOO'R ARTON FL 33432 Place of Business 3. Mailing Address 3. Mailing Address 4. etc. Suite, Apt. #, etc. City & State Country 5. Name and Address of Current Registered Agent TITI, JIM N. FEDERAL HWY. FE 434 ARATON FL 33432 Paramed entity submits this statement for the purpose of changing its registered office or registered and entity submits this statement for the purpose of changing its registered Agent algorithms are required and and elects to do so. After MAY 1, 2001 Fee will be \$\$50.0 Make Check Payable to Department of SOCUTTI, JIM 980 N. FEDERAL HWY. STE. 434 BOCA RATON FL 33432 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete | BL HWY. SUITE: 434 BOCA RATON FL 33432 City & State Country Zip Country Street Address of Current Registered Agent TITI, JIM N FEDERAL HWY. E 434 RATON FL 33432 City Condition is eligible to satisfy its Intengrible Condition is eligible to satisfy its Intengrible Deficers AND DIRECTORS Defice will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS Defice Defice TITLE NAME STREET ADDRESS CITY-ST-ZIP Defice Defice TITLE NAME | Sure Anton Ft. 33432 Place of Business 3. Mailing Address 3. Mailing Address 4. FEI Number Country Zip Country Zip Country Street Address of Current Registered Agent TTI, JIM N. FEDERAL HWY. E 434 A RATON Ft. 33432 City Present Address (P.O. Box Number in Street Address (P.O. Box Number in Signature, typed or present name of registered agent, or both, and back) Signature, typed or present name of registered agent and type if applicable. Present Agent a | Segunation is eligible to satisfy its Interrigible recogniser and place to solution is eligible to satisfy its Interrigible recogniser and place to solution is eligible to satisfy its Interrigible recogniser and place to solution in the State signature appearance of a special control of solution in the State signature appearance of the purpose of changing its registered office or registered agent; or both, in the State signature appearance of eligible to satisfy its Interrigible recognisers AMD DIRECTORS PD OFFICERS AND DIRECTORS Delde ITILE NAME STREET ADDRESS CITY ST-2P Delde TITLE NAME STREET ADDRESS CITY ST-2P Deldes TITLE NAME STREET ADDRESS CITY ST-2P Deldes TITLE NAME NAM | LI HWY 980 N. FEDERAL HWY. RI 3382 BOCA RATON FL 33432 US A Mailing Address J. M | EL HWY SIGNE OF FEDERAL HWY SIGNE OF BOOK NATION FL 33432 BOOK ARTON FL 33432 Grace of Business S. Mailing Address Suite, Apt. #, etc. City & State City & State Country S. Certificate of Status Desired Name Name A FEI Number 65-0149805 City Street Address (P.O. Box Number is Not Acceptable) FL City FL City City FL City FL City FL City FL Covariants this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signetic, byte or private name of registered signet and site a spaticate. FL City FL City | ## ctc. Sulfa, Apt. #, etc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do NOT Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do Not Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do Not Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do Not Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do Not Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do Not Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do Not Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do Not Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do Not Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do Not Write in This SPACE ## ctc. Sulfa, Apt. #, etc. Do Not Write in This SPACE ## ctc. County Write in This SPACE ## c | EL HMY Son N EDEBAL HMY BUTE For Passage BOCA RATON FL 33432 IS Suite, Apt. 4, etc. Suite, Apt. 4, etc. Country Zip Country S. Certificate of State of S |

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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR