

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90744 041 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L83087

1. Entity Name
SCOTT RICE, INC.



Principal Place of Business
**312 NORTHLAKE DRIVE, #202
NORTH PALM BEACH, FL 33408**

Mailing Address
**312 NORTHLAKE DRIVE, #202
NORTH PALM BEACH, FL 33408**

2. Principal Place of Business
16187 75TH AVENUE N

3. Mailing Address
16187 75TH AVENUE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PALM-BEACH-GARDENS

City & State
PALM-BEACH-GARDENS

4. FEI Number
65-0207977

Applied For
☐ Not Applicable

Zip
33418

Country
U.S.A.

Zip
33418

Country
U.S.A.

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICE, SCOTT
312 NORTHLAKE DRIVE, #202
NORTH PALM BEACH, FL 33408**

7. Name and Address of New Registered Agent

Name
RICE, SCOTT

Street Address (P.O. Box Number is Not Acceptable)
16187 75TH AVENUE N

City
PALM BEACH GARDENS

FL

Zip Code
33418

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/22/03

**FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$650.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RICE, SCOTT
16187 75TH AVE N
PALM BEACH GARDENS, FL 33418** ☐ Delete

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

TITLE
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CITY-ST-ZIP
**V
RICE, CARYN A
16187 75TH AVE N
PALM BEACH GARDENS, FL 33418** ☐ Delete

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT RICE

DATE

4/22/03

DAYTIME PHONE #

561-723-5552

CR2E034 (10/02)