

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

COM 26 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002923

1. Entity Name  
DUANE SCOTT, L.L.C.

Principal Place of Business

1401 KIMDALE STREET  
LEHIGH ACRES FL 33936

Mailing Address

1401 KIMDALE STREET  
LEHIGH ACRES FL 33936-5844



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0924720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, THOMAS J JR  
4575 VIA ROYALE, SUITE 206  
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM SCOTT, ORVILLE D ☐ Delete  
STREET ADDRESS 101 PAULA AVENUE  
CITY- ST- ZIP LEHIGH ACRES FL 33971

TITLE NAME MGRM ANDERSON, FRED J TRUSTEE ☐ Delete  
STREET ADDRESS 1401 KIMDALE STREET  
CITY- ST- ZIP LEHIGH ACRES FL 33936

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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:

*Frederick Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-25-06

CR2E083 (9/99)