

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90048 002 \*\*\*\*61.25

**DOCUMENT # N15064**

1. Entity Name

**531 REPEATER GROUP, INC.**

Principal Place of Business

Mailing Address

**2425 GROVE VALLEY AVENUE  
 PALM HARBOR FL 34683-230  
 US**

**PO BOX 1791  
 PALM HARBOR FL 34682-794  
 US**

**428714**

2. Principal Place of Business

**1405 A Druid Rd E.**

3. Mailing Address

**1405 A Druid Rd E.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Clearwater FL.**

City & State

**Clearwater FL.**

4. FEI Number

**59-2942447**

Applied For

Not Applicable

Zip

**33756**

Country

**USA**

Zip

**33756**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**ERICKSON, CURTIS G.  
 2425 GROVE VALLEY AVENUE  
 PALM HARBOR FL 34683-3230**

7. Name and Address of New Registered Agent

Name

**Scott P. Wilton**

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

**1405 A Druid Rd E.**

City

**Clearwater**

**FL**

Zip Code

**33756**

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

*Scott P. Wilton*

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

(NOTE: Registered Agent signature required when reinstating)

**April 25, 2002**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	WILTON, SCOTT	
STREET ADDRESS	1405 DRUID RD EAST	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILTON, A.R.	
STREET ADDRESS	60 MEADOWLARK DR	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ERICKSON, CURTIS	
STREET ADDRESS	2425 GROVE VALLEY AVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HASELWOOD, DONALD	
STREET ADDRESS	187827 CROOKED LANE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	PABST, JANINE	
STREET ADDRESS	2038 SETON DR.	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRANDA, MICHAEL R.	
STREET ADDRESS	2972 VALENCIA LANE E	
CITY-ST-ZIP	PALM HARBOR FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Wilton Scott	
STREET ADDRESS	1405 A Druid Rd. E.	
CITY-ST-ZIP	Clearwater, FL. 33756	
TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wilton A.R.	
STREET ADDRESS	60 Meadowlark Dr.	
CITY-ST-ZIP	Safety Harbor, FL. 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

*Scott P. Wilton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 25, 2002 107-447-6279**

Date

Daytime Phone #

CR2E037 (9/01)