

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 19, 2000 8:00 am  
Secretary of State

05-19-2000 90003 031 \*\*\*\*70.00

DOCUMENT # N97000006693

1. Entity Name

HAVERHILL SCORPIONS, INC.

Principal Place of Business

Mailing Address

5039 PINE BREEZE COURT  
WEST PALM BEACH FL 33415

5039 PINE BREEZE COURT  
WEST PALM BEACH FL 33415-1717

2. Principal Place of Business

3. Mailing Address

5039 PINE BREEZE CT  
Suite, Apt. #, etc.

5039 PINE BREEZE CT  
Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH FL

WEST PALM BEACH FL

Zip  
33415

Country

PALM BEACH

Zip  
33415

Country

PALM BEACH

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, MARK  
5039 PINE BREEZE COURT  
WEST PALM BEACH FL 33415

Name  
MARK E STEWART SR  
Street Address (P.O. Box Number is Not Acceptable)  
5039 PINE BREEZE CT

City  
WEST PALM BEACH

FL

Zip Code  
33415

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 MARK E STEWART SR PCD  
Signature, typed or printed name of registered agent and title if applicable

MARK E STEWART SR  
(NOTE: Registered Agent signature required when reinstating)

4-27-2000  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PCD ☒ Delete  
NAME MARK STEWART  
STREET ADDRESS 5039 PINE BREEZE CT  
CITY-ST-ZIP W PALM BCH FL 33415

TITLE (PCD) ☒ Change ☐ Addition  
NAME MARK E STEWART SR  
STREET ADDRESS 5039 PINE BREEZE CT  
CITY-ST-ZIP W PALM BEACH FL 33415

TITLE VD ☐ Delete  
NAME MORRIS, KENNY  
STREET ADDRESS 5755 KIMBERTON WAY  
CITY-ST-ZIP LAKE WORTH FL 33463

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

TITLE SD ☐ Delete  
NAME STEWART, DEBRA  
STREET ADDRESS 5039 PINE BREEZE CT  
CITY-ST-ZIP W PALM BCH FL 33415

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

TITLE SD ☒ Delete  
NAME ANAGNOSTO, KATHY  
STREET ADDRESS 3126 HOLY LAKE RD  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE RANDALL W HEALEY (CD) ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 12222 OLD COUNTRY RD  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☒ Delete  
NAME LEWIS, JILL  
STREET ADDRESS 12292 76TH RD  
CITY-ST-ZIP W PALM BCH FL 33412

TITLE MARY HOLMES (D) ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 12935 SUNSET BLVD.  
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

TITLE D ☒ Delete  
NAME CABRERA, ALECIA  
STREET ADDRESS 7190 HIGH SIERRA CIR  
CITY-ST-ZIP W PALM BCH FL 33467

TITLE ROGER VAZQUEZ (D) ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 213 FLAMING AVE  
CITY-ST-ZIP BARTON RIDGE 33463

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: MARK E STEWART SR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000  
Date

561 478-3035  
Daytime Phone #

CR2E037 (9/99)