

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91464 043 ****61.25

DOCUMENT # N99000001280

1. Entity Name

SHARON G. SCOTT MINISTRIES, INC.

Principal Place of Business

Mailing Address

**1438 LAUDERDALE VILLA DR
 FORT LAUDERDALE FL 33311**

**1438 LAUDERDALE VILLA DR
 FORT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

1438 Lauderdale Villa Dr.
 Suite, Apt. #, etc.

1438 Lauderdale Villa Dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FT. Lauderdale, FL

FT. Lauderdale, FL

4. FEI Number **65-0901372**

Applied For

Not Applicable

Zip: **33311**

Country: **BROWARD**

Zip: **33311**

Country: **BROWARD**

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

**SCOTT, SHARON G
 179 HEMINGWAY
 BOYNTON BEACH FL 33426**

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, SHARON G 1438 LAUDERDALE VILLA DR. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete "D"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATTERSON, BENJAMIN 1438 LAUDERDALE VILLA DR. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete "D"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRIS, CHARLOTTE 1438 LAUDERDALE VILLA DR. FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete "D"
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/02 954-462-4638

CR2E037 (9/01)