

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90089 001 *****8.75
 05-03-2002 90089 002 ***150.00

DOCUMENT # P00000001777

1. Entity Name

SCARBOROUGH LAND ROLLER AND MACHINE COMPANY, INC

Principal Place of Business

**630 EAST SUMMIT ROAD
 BROOKSVILLE FL 34601**

Mailing Address

**630 EAST SUMMIT ROAD
 BROOKSVILLE FL 34601**

2. Principal Place of Business

630 E. Martin Luther King, Jr. Blvd. Same as Principal

3. Mailing Address

Suite, Apt. #, etc.

City & State

Brooksville, FL 34601

City & State

Zip

Country

34601

4. FEI Number

59-3618236

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MASON, JOSEPH M JR
 101 SOUTH MAIN STREET
 BROOKSVILLE FL 34601**

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 *Vicki L. Davis* **VICKI L DAVIS, DIRECTOR**

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

(NOTE: Registered Agent signature required when reinstating)

04/23/2002
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, CLARKE D	
STREET ADDRESS	630 EAST SUMMIT ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, VICKI L	
STREET ADDRESS	630 EAST SUMMIT ROAD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, VICKI L.	
STREET ADDRESS	630 E Martin Luther King, Jr. Blvd.	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, CLARKE D.	
STREET ADDRESS	630 E. Martin Luther King, Jr. Blvd.	
CITY-ST-ZIP	Brooksville, FL 34601	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Vicki L. Davis **VICKI L. DAVIS, DIRECTOR** 04/23/2002 352-746-1027
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)