

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90149 042 ***158.75

DOCUMENT # P00000018917

1. Entity Name

SCALLION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6945 SONNY-DALE DR.

Suite, Apt. #, etc.

W. MELBOURNE, FL

City & State

FL 32904

Zip

32904

Country

BREVARD

3. Mailing Address

6945 SONNY-DALE DR

Suite, Apt. #, etc.

City & State

W. MELBOURNE, FL

Zip

32904

Country

BREVARD

4. FEI Number

59-3629351

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

H. RUDI TRADER ESQUIRE

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

403 E. STRAWBRIDGE AVE

City

MELBOURNE

FL

Zip Code

32901

**DO NOT WRITE
IN THIS SPACE**

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P/V
NAME KATHLEEN CONLIN
STREET ADDRESS 117 SE 2ND ST.
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T
NAME DENNIS M MCCARTHY
STREET ADDRESS 1804 N.E. COCO PALM ST.
CITY-ST-ZIP PALM BEACH FL 32905

TITLE
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dennis M. McCarthy

DENNIS M. MCCARTHY 4/24/02

321 7256391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

State of Florida

P00000018917

65430



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of SCALLION, INC., a Florida corporation, filed on February 18, 2000, as shown by the records of this office.

The document number of this corporation is P00000018917.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twenty-third day of February, 2000



CR2EO22 (1-89)

Katherine Harris

Katherine Harris
Secretary of State