2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P00000032915

1. Entity Name

SCOTT SLIPPLY COMPANY



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90107 039 ***150.00

	OFFET COMPANY)		
Principal Place of Business 4291 NORTH DIXIE HWY POMPANO BEACH FL 33064		Mailing Address 4291 NORTH DIXIE HWY POMPANO BEACH FL 33064				
2. Principal Place of Business		3. Mailing Address			INIO HARIO NATON MAGAMETRIA TRAN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0999534	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Current R	egistered Agent	-	7. Name and Address of New Registered A	Fee Required	
المراجعة الم			Name	Name		
SCOTT, BARBARA			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
4111 ARTHURIUM AVENUE LANTANA FL 33462				·		
LANTANA	FL 33462					
			City	FL	Zip Code	
	e named entity submits this statement for titions of registered agent.	the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida. I am f	amiliar with, and accept	
SIGNATURE						
SIGNATORE	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00			9. Election Campaign Financing	\$5.00 May Be	
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of t	State		Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE `#	P	☐ Delete	TITLE		☐ Change ☐ Addition 3	
NAME	SCOTT, BARBARA G		NAME			
STREET ADDRESS CITY-ST-ZIP	4111 ARTHURIUM AVE LANTANA FL 33462		STREET ADDRESS CITY-ST-ZIP			
TITLE	DATAMAT E GOTOL	Delete	TITLE		☐ Change ☐ Addition 5	
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete	TITLE		Change Addition	
NAME	and the same of th		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME Street Address		Ì	
CITY-ST-ZIP			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 607, 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:

KOWIRED