

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90321 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **SCOOTER PROPERTIES, INC.**
1. Entity Name
P00000046989

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8201 PETERS ROAD
Suite, Apt. #, etc.
1000
City & State
PLANTATION, FL
Zip
33324 Country
USA

3. Mailing Address
8201 PETERS ROAD
Suite, Apt. #, etc.
1000
City & State
PLANTATION, FL
Zip
33324 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1006437
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
DANIEL P. RIEMER
Street Address (P.O. Box Number is Not Acceptable)
8201 PETERS ROAD
SUITE 1000
City
PLANTATION FL Zip Code
33324

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 reappointing) 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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, DIRECTOR
DANIEL P. RIEMER
8201 PETERS ROAD SUITE 1000
PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC. TREAS. DIRECTOR
LAURA JENNINGS
8201 PETERS ROAD, SUITE 1000
PLANTATION, FL 33324

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
- - - - -

SIGNATURE: **Daniel P. Riemer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 (954) 557-6111
Date Daytime Phone #

DO NOT WRITE 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)(b), 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.