

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90038 004 \*\*\*150.00

**DOCUMENT # P00000053122**

1. Entity Name

**SCOTT NIEMINEN, PA.**

Principal Place of Business

Mailing Address

**15 CREEK COURT  
PALM COAST FL 32137****15 CREEK COURT  
PALM COAST FL 32137**

2. Principal Place of Business

**18 FANWOOD CT**

Suite, Apt. #, etc.

3. Mailing Address

**18 FANWOOD CT**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**PALM COAST FL**

City &amp; State

**PALM COAST FL**

4. FEI Number

**59-3645159**

Applied For

Not Applicable

Zip

**32137**

Country

Zip

**32137**

Country

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LOGUIDICE, JOSEPH A  
45 CREEK COURT  
PALM COAST FL 32137****2441 BELLEVUE AVE  
DAYTONA BEACH, FL  
32114**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/15/01**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, 2001 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** ☐ Delete  
**NAME** **NIEMINEN, SCOTT**  
**STREET ADDRESS** **15 CREEK COURT**  
**CITY-ST-ZIP** **PALM COAST FL 32137**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SCOTT K. NIEMINEN**

Date

**1/15/01**

Daytime Phone #

**704 447 3001**

CR2E034 (10/00)