

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90093 023 ***150.00

0345184

DOCUMENT # P00000059354

1. Entity Name
SCOTT BROWN, P.A.

Principal Place of Business Mailing Address
2911 WEST BAYSHORE COURT **2911 WEST BAYSHORE COURT**
TAMPA FL 33611 **TAMPA FL 33611**

RUU46310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2922 W. Bayshore Court **2922 W. Bayshore Court**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
TAMPA, FL. **TAMPA, FL.** **59-3651681** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
~~33611~~ ~~USA~~ ~~33611~~ ~~USA~~ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BROWN, SCOTT Name **BROWN, SCOTT**
2911 WEST BAYSHORE COURT Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33611 **2922 W. Bayshore Court**
 City **TAMPA** FL Zip Code **33611**

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 **SCOTT BROWN** DATE **4-9-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.
SCOTT BROWN
President
 SIGNATURE: DATE **4-9-01** DAYTIME PHONE # **813-251-9669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)