

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P00000077887**1. Entity Name  
**SCOTT SAGE, INCORPORATED****FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-21-2001 90002 009 \*\*\*750.00

Principal Place of Business  
**6512 HUNTINGTON LAKES CIR #203**  
**NAPLES FL 34119**Mailing Address  
**6512 HUNTINGTON LAKES CIR #203**  
**NAPLES FL 34119**2. Principal Place of Business  
**2150 CANNON BLVD**3. Mailing Address  
**2150 CANNON BLVD**

DO NOT WRITE IN THIS SPACE

City & State  
**NAPLES FLORIDA**City & State  
**NAPLES FLORIDA**4. FEI Number  
**59-3682154**Applied For  
Not ApplicableZip  
**34120**Country  
**U.S.A.**Zip  
**34120**Country  
**U.S.A.**5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**SAGE, DAVID S**  
**6512 HUNTINGTON LAKES CIR #203**  
**NAPLES FL 34119**Name **SAGE, DAVID S**

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

**2150 CANNON BLVD**City **NAPLES****FL**Zip Code **34120**

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) ☐**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD**  
**SAGE, DAVID S**  
**6512 HUNTINGTON LAKES CIR #203**  
**NAPLES FL 34119** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSTD**  
**SAGE, DAVID S**  
**2150 CANNON BLVD**  
**NAPLES FL 34120** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0126588 AT

CR2E034 (5/01)