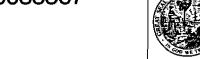
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCÚMENT#

P00000083867

1. Entity Name SCOTIA GROUP, INC.



FILED May 05, 2003 8:00 am & Secretary of State

05-05-2003 90203 009 ***150.00

//						7					
Principal Place 3168 BOBBY PACE FL 325		3168	ng Address BOBBY JONES DR. FL 32571								
2. Principal I	Place of Business	3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City	City & State				4. FEI Number 59-3672258 Applied For Not Applicable				
Zip	Zip Country			try	5. Certificate of Status Desired S8.75 Add Fee Required		ditional				
	6. Name and Address of Curre	ent Registere	ed Agent	<u>. </u>		7.	Name and Address of New Registe				
					Name						
BRENNAN	·		Street Addres			ss (P.O. E	(P.O. Box Number is Not Acceptable)				
3168 BOBBY JONES DR. PACE FL 32571											
1,10212	V				City		****	FL	Zip Cod	e	
8. The above the obliga	e named entity submits this statemen tions of registered agent.	t for the purp	oose of changing its	registere	ed office or regi	stered ag	gent, or both, in the State of Florida.	l am fami	iliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if app	olicable. (NOT	E: Registere	d Agent signature req	uired when r	einstating) C	DATE			
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Departmen						Election Campaign Financin Trust Fund Contribution.	g 🗆		May Be	
10.	officers Al	ND DIRECTO)RS	11.		Α[DDITIONS/CHANGES TO OFFICERS	AND DII	RECTOR:	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNAN, IAN 3168 BOBBY JONES DR. PACE FL 32571		☐ Delete					C.	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brennan, Maureen		Delete	-] Change	Addition	
TITLE NAME _ STREET ADDRESS CITY-ST-ZIP	و در این به بیشه در بیشت این	• •-	□ Delete -		- 1	-			Change -	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE] Change	Addition	

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 excede 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: 1

Daytime Phone #