

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90123 048 ***150.00

0602437

DOCUMENT # P00000088203

1. Entity Name
SCOTT THOMAS FINANCIAL, INC.

Principal Place of Business Mailing Address
6109 SLATE WAY 6109 SLATE WAY
CARMICHAEL CA 95608 CARMICHAEL CA 95608

2. Principal Place of Business 3. Mailing Address
1546 EL TAIR TRAIL 1546 EL TAIR TRAIL
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CLEAWATER, FLA CLEARWATER, FLA
 Zip Country Zip Country
33765 USA 33765 USA

4. FEI Number Applied For
94-3371828 Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHINCHAR, SANDY
C/O CLEIA SCHWARTZ
4800 GULF OF MEXICO DR., #C201
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name **SANDY CHINCHAR**
 Street Address (P.O. Box Number is Not Acceptable)
1546 EL TAIR TRAIL
 City **Clearwater** FL Zip Code **33765**

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 *Sandy Chinchar* DATE 9 Apr 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	SCOTT THOMAS CHINCHAR	1546 EL TAIR TRAIL	Clearwater, FLA. 33765	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Secretary	SANDY CHINCHAR	Clearwater, FLA. 33765		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Sandy Chinchar* DATE 9 Apr 01 DAYTIME PHONE # 727-747-8489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)