

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000092928**

1. Entity Name

DIANE SCOTLAND, P.A.**FILED**
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90009 049 ***150.00

Principal Place of Business

**11031 LAPAZ COURT
SPRING HILL FL 34608**

Mailing Address

**23 EAST TARPON AVE
TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address

11031 LAPAZ COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL, FL 34608

4. FEI Number

59-3671481

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KLIMIS, GEORGE N
C/O GEORGE N. KLIMIS, P.A.
23 EAST TARPON AVE
TARPON SPINGS FL 34689**

Name

SCOTLAND, DIANE P.

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

11031 LAPAZ COURT

City

SPRING HILL,**FL**

Zip Code

34608

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	SCOTLAND, DIANE P	11031 LAPAZ COURT SPRING HILL FL 34608	<input type="checkbox"/> Delete	D/P/S/T	SCOTLAND, DIANE P.	11031 LAPAZ COURT SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete				<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 life empowered.

SIGNATURE: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE P. SCOTLAND

Date

Daytime Phone #

CR2E034 (10/00)