FILED Sep 30, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000092935 1. Entity Name SCORPION UNLIMITED, INCORPORATED				Sec.	Secretary of State 09-30-2002 90176 022 ***150.00		
Principal Pla 3924 W HAM TAMPA FL 3	-	Mailing Address 3924 W HAMILTON AVE TAMPA FL 33614					
2. Principal Place of Business		3. Mailing Address		1 10011#01 EII 0#IIF 0	MARI MMRIA MDILI MMRIA Di lim (Mrri eldi	J (0109 1101 1111 1001	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		DO	DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3	680319	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status	Desired \$8.75	5 - Additional	
	Name and Address of Current i	Registered Agent		7. Name and Address	of New Registered Agent		
CONTAL	E7 N/AN		Name				
GONZALEZ, IVAN 3924 W HAMILTON AVE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
TAMPA FL 33614							
			City			Code	
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or reg	stered agent, or both, in the S	tate of Florida. I am familiar	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE:	Registered Agent signature rec	uired when reinstating)	DATE		
9. This corpo	oration is eligible to satisfy its Intangible		FEE IS \$550.00	, , , , , , , , , , , , , , , , , , ,		 -	
Tax filing requirement and elects to do so. (See criteria on back) After September 13, Make Check Payable			2002 Fee will be \$7	750.00 10. Election Carr Trust Fund C	· · · · · · · · · · · · · · · · · · ·	55.00 May Be Added to Fees	
11.	OFFICERS AND D	DIRECTORS	12.	ADDITIONS/CHANGE	S TO OFFICERS AND DIREC	TORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, IVAN 3924 W. HAMILTON AVE. TAMPA FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY_ST_ZIP		☐ Delete	TITLE NAME STREET ADDRESS OF CITY-ST-ZIP-	_	☐ Cha	inge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	nge	
TITLE Name Street address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Char	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Char		
 I hereby c indicated of the corr changed; 	ertify that the information supplied with tron this report or supplemental report is trooration or the receiver or trustee empower or on an attachment with an address, with	nis filing does not qualify for the and accurate and that my rered to execute this report as the all other like empowered.	ne exemption stated in signature shall have the required by Chapter 6	Section 119.07(3)(i), Florida S te same legal effect as if mad 307, Florida Statutes; and that	tatutes. I further certify that t a under oath; that I am an off my name appears in Block 1	ne information icer or director 1 or Block 12 if	

SIGNATURE: SIGNATURE:

09-24-02

813-265-0315

CR2E034 (4/02

Attachmate 678329 # 10000009295

September 13. 2002

State of Florida Department of State Tallahassee Fl.

Gentlemen:

Approximately three weeks ago I received the Annual Report from the State of Florida

stating that the company Scorpion Unlimited will be admisnistrative dissolved if the

Payment of \$550.00 is not made by September 30.2002.

We never received the Annual report before May-2002 in order to pay on time; We are

Asking you to accept the regular payment of \$150.00 because this is an small Company

And it will very difficult for us to make the payment requested.

Thank you for your consideration to this matter

Ivan Gonzalez, President Scorpion Unlimited Inc.