

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000110355

1. Entity Name

SCARBOROUGH LAW GROUP, P.A.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90001 035 ***550.00

Principal Place of Business

Mailing Address

4707 ONYX PLACE
TAMPA FL 33615

4707 ONYX PLACE
TAMPA FL 33615

2. Principal Place of Business

3. Mailing Address

609 WEST DE LEON STREET
Suite, Apt. #, etc.

609 WEST DE LEON STREET
Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33606

USA

33606

USA

4. FEI Number

59-3684519

Applied For

Not Applicable

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

HOPEN, ANTON J ESQ.
SMITH & HOPEN, P.A.
15950 BAY VISTA DRIVE SUITE 220
CLEARWATER FL 33760

Name

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

City

FL

Zip Code

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 State

10. 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	PD SCARBOROUGH, MATTHEW C 4707 ONYX PLACE TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCARBOROUGH, MATTHEW C 4707 ONYX PLACE TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Matthew C. Scarborough
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-01 (813) 253-0097

Date

Daytime Phone #

000839

CR2E034 (10/00)