

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000111820

1. Entity Name

ROGER SCOTT, JR., PA

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90003 047 ***550.00

0000917

Principal Place of Business

648 BROADWAY AVE
ORLANDO FL 32803

Mailing Address

648 BROADWAY AVE
ORLANDO FL 32803

H0058854

2. Principal Place of Business

227 N. MAGNOLIA AVENUE

Suite, Apt. #, etc.

105

3. Mailing Address

227 N. MAGNOLIA AVENUE

Suite, Apt. #, etc.

105

City & State

Orlando

City & State

Orlando

Zip

32801

Country

USA

Zip

32801

Country

USA

4. FEI Number

99-3487498

Applied For

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

SCOTT, ROGER JR
648 BROADWAY AVE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

227 N. MAGNOLIA AVENUE

Suite, Apt. #, etc.

105

City

Orlando

FL

Zip Code

32801

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

5-31-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!
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 ☐ Delete
NAME D
STREET ADDRESS SCOTT, ROGER JR
CITY-ST-ZIP 2120 SUFFIELD DRIVE
WINTER PARK FL 32792

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-31-01

407 316 0050

CR2E034 (10/00)