

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90054 019 \*\*\*150.00

DOCUMENT # P00000113386

1. Entity Name  
SCOTT DEMALTERIS, P.A.



Principal Place of Business  
28303 TALL GRASS DR  
WESLY CHAPEL FL 33543

Mailing Address  
28303 TALL GRASS DR  
WESLY CHAPEL FL 33543



2. Principal Place of Business

15611 CASHMERE LN

3. Mailing Address

15611 CASHMERE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA, FL

City & State

City & State

33624 USA

TAMPA FL

Zip

Country

Zip

Country

33624

USA

33624

USA

4. FEI Number

65-1065096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEALTERIS, SCOTT  
5955 TRIPHAMMER RD.  
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name DEMALTERIS, SCOTT

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

15611 CASHMERE LANE

City TAMPA

FL

Zip Code 33624

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

PRESIDENT

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 28, 2003

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME DEMALTERIS, SCOTT  
STREET ADDRESS 28303 TALL GRASS DR  
CITY-ST-ZIP WESLEY CHAPEL FL 33543

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME DEMALTERIS, Angela T.  
STREET ADDRESS 28303 TALL GRASS DR  
CITY-ST-ZIP Wesley Chapel, FL 33543

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan. 28, 2003 (813) 469-9163

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CR2E034 (10/02)