

2002 UNIFORM BUSINESS REPORT (UBR)

0001005 AV

DOCUMENT # P00000116094

1. Entity Name
SOMETHING TO SCRAP ABOUT CO.

FILED
02 NOV -6 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1260 PONCE DE LEON BLVD., UNIT E
ST. AUGUSTINE FL 32084

Mailing Address
1260 PONCE DE LEON BLVD., UNIT E
ST. AUGUSTINE FL 32084

2. Principal Place of Business

72 San Marco Ave
Suite, Apt. #, etc.

3. Mailing Address

72 San Marco Ave
Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip
32084

Country
USA

Zip
32084

Country
USA

4. FEI Number 59-3686969

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATTAWAY, EILEEN P
3512 BAY ISLAND CIR.
JACKSONVILLE FL 32250

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 P
NAME ATTAWAY, EILEEN P
STREET ADDRESS 3512 BAY ISLAND CIRCLE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eileen P. Attaway

10-17-02 904-827-1440

Date

Daytime Phone #

CR2E034 (4/02)