FILED
Jun 17, 2002 8:00 am
Secretary of State
05-23-2002 90019 014 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000006333

1. Entity Name
CHARLES C. SCOTT ENTERPRISES, INC.

Principal Place of Business
~~14585 NW 16TH DRIVE~~
~~MIAMI FL 33167~~ 14585 NW 16th DR.
Miami, FL 33167

Mailing Address
~~14585 NW 16TH DRIVE~~ P.O. Box 680517
MIAMI FL ~~33167~~ 33168-0517

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 14585 NW 16th Drive
Suite, Apt. #, etc.
City & State: Miami Fla
Zip: 33167 Country: Miami-Dade

3. Mailing Address: P.O. Box 680517
Suite, Apt. #, etc.
City & State: Mia Fla
Zip: 33168-0517 Country: Mia Dade

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SCOTT, CHARLES C II
~~14585 NW 16TH DRIVE~~ 16238 NW 83rd PL
~~MIAMI FL 33167~~ Miami Lakes, FL 33016

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.

SIGNATURE ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	Atina B. Scott - V. Pres. 217 NW 3rd Court Boynton Beach, FL 33435-4040 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Charles C. Scott, II - President 14585 NW 16th DR. Miami, FL 33167 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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] 4-27-02 (305) 827-7343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #