

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90107 007 ***150.00

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DOCUMENT # P01000020813

1. Entity Name

SCOTT PRICE INSURANCE AGENCY, INC.



Principal Place of Business

**325 EAST OCEAN BLVD
STUART FL 34995**

Mailing Address

**325 EAST OCEAN BLVD
STUART FL 34995**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1083045**

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

**PRICE, SCOTT
325 EAST OCEAN BLVD
STUART FL 34995**

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

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **PRICE, SCOTT**
STREET ADDRESS **325 EAST OCEAN BLVD**
CITY-ST-ZIP **STUART FL 34995**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (4/03)



SCOTT PRICE INSURANCE AGENCY, INC.
Scott Price, Agent
325 E. Ocean Boulevard
Stuart, FL 34994

Attachment

80140044
P01000020813

Florida Department of State – Div. Of Corp.
2003 UBR
PO Box 1500
Tallahassee, FL 32302-1500

August 19, 2003

Ref: Scott Price Insurance Agency, Inc
FEI # 65-1083045

Dear Sirs,

Please find enclosed a check for payment of 2003 UBR fees in the amount of \$150.00.

Please accept this as my confirmation that I did not receive prior billing notice from your department until this notice was received. Therefore, I did not include any penalty amount.

Thank you for your cooperation and please contact me should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be "Scott Price".

Scott Price