## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P01000027532

1. Entity Name

SCOTT MICHAEL HARVEY, P.A.



## FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90114 020 \*\*\*150.00

						OF WE IN				
Principal Place of Business 5324 MORGAN HORSE DRIVE. NORTH JACKSONVILLE FL 32257				Mailing Address 5324 MORGAN HORSE DRIVE. NORTH JACKSONVILLE FL 32257				: 	312 <b>1</b> 21 <b>3</b> 11 1 <b>316</b> 1 6111	3 (1)(8 (18) (18)
2. Principal Place of Business				3. Mailing Address			$\dashv$			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAK	ING CHANGES	1
City & State				City & State			-	4 FEI Number		pplied For
Zip	Zip Country			Zip Country			+	59-3708489		ot Applicable
							5. Certificate of Status Desired	\$8.75 Ad Fee Require	ditional ed	
	6. Name	and Address	of Current Regis	stered Agent				7. Name and Address of New Registers	d Agent	
	·	an ing		Name		Name S	+-	ephen E. Tiller	1	
TILLEY, STEPHEN E				Street A			ss (P.O. Box Number is Not Acceptable)			
4206 BAYMEADOWS ROAD						44	6		<u>., Ste</u>	_3
JACKSONVILLE FL 32217									•	
						City Jac		sonville F	_   `) & ø	<b>ነ</b> ባ
8. The above the obligat	named entity tions of regist	v submits this st ered agent.	atement for the	ourpose of changing its	registere	ed office or regis	sterec	ed agent, or both, in the State of Florida. I a	ım familiar with,	and accept
SIGNATURE .	· · ·									·
	Signature, typed	or printed name of reg	gistered agent and title	if applicable. (NOT	E: Registere	d Agent signature requ	uired wh	when reinstating) DAT	E	
After	May 1, 200	FEE IS \$15 Fee will be	\$550.00					Election Campaign Financing     Trust Fund Contribution.		0 May Be
	Payable to	Florida Depa	rtment of Stat	e						, 10 1 003
10.		OFFIC	ERS AND DIREC	CTORS	11.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE	D			☐ Delete	TITLE				☐ Change	☐ Addition
NAME HARVEY, SCOTT MICHAEL STREET ADDRESS 5324 MORGAN HORSE DRIVE, NORTH					NAME					
CITY-ST-ZIP		VILLE FL 322				ET ADDRESS - ST- ZIP				
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NAME STREET ADDRESS		*			NAME	!				
CITY-ST-ZIP						T ADDRESS				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in the information supplied with this filling does not qualify for the exemption stated in the state of the state o								(a. 440.07/0V/) FI. 11. 0/ 11.		
- incidity o	orany man me	inionnation sup	when with this III	ing does not quality for	rue exeu	aption stated in	Section	ion + (9.07(3)(i), Florida Statutes. I further c	ertify that the in	formation 1

2. 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 OF SIGNING OFFICER OR DIRECTOR

3/8/03

964.923.3805

Daytime Phone #

Ch2E034 (10/02)