

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90202 023 \*\*\*150.00

**DOCUMENT # P01000036475**

1. Entity Name

**T. SCOTT PROPERTIES, INC.**

Principal Place of Business

**2220 AMHERST AVE  
ORLANDO FL 32804**

Mailing Address

**2220 AMHERST AVE  
ORLANDO FL 32804**

2. Principal Place of Business

**2220 AMHERST AVE.**

3. Mailing Address

**2220 AMHERST AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**ORLANDO FLORIDA**

City &amp; State

**ORLANDO, FLORIDA**

4. FEI Number

**59-3712510**

Applied For

Not Applicable

Zip

**32804**

Country

**ORANGE**

Zip

**32804**

Country

**ORANGE**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

**NEVILLE, TREVOR****2220 AMHERST AVE****ORLANDO FL 32804**

Name

**NONE**

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

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing ☐ **\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **NEVILLE, TREVOR**  
CITY-ST-ZIP **2220 AMHERST AVE  
ORLANDO FL 32804**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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: **TREVOR NEVILLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-02 321-229-5972**

Date

Daytime Phone #

CR2E034 (9/01)