

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90096 025 \*\*\*158.75

**DOCUMENT # P01000039655**

1. Entity Name  
**C.L. SCOTT, INC.**



Principal Place of Business  
**92 NW 20TH ST.  
HOMESTEAD FL 33030**

Mailing Address  
**92 NW 20TH ST.  
HOMESTEAD FL 33030**

2. Principal Place of Business  
**2214 SE 26 Lane**  
Suite, Apt. #, etc.

3. Mailing Address  
**2214 SE 26 Lane**  
Suite, Apt. #, etc.

City & State  
**Homestead FL**  
Zip  
**33035** Country  
**USA**

City & State  
**Homestead FL**  
Zip  
**33035** Country  
**USA**

4. FEI Number  
**65-1102471**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KRAMER, JEFFREY S  
7700 N. KENDALL DR., STE. 510  
MIAMI FL 33156**

**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 *Cheryl Scott* **oops wrong spot no change to Reg agent**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

TITLE  
NAME **DP SCOTT, CHERYL** ☐ Delete  
STREET ADDRESS **92 NW 20TH ST.**  
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME **DP CHERYL SCOTT** ☒ Change ☐ Addition  
STREET ADDRESS **2214 SE 26 Lane**  
CITY-ST-ZIP **Homestead FL 33035**

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

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

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

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

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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: *Cheryl Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/15/03** Daytime Phone #

CR2E034 (10/02)