## 2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE: 4

## May 06, 2002 8:00 am Secretary of State P01000043205 DOCUMENT # 1. Entity Name 05-06-2002 90064 034 \*\*\*150.00 SCRAMBLE PINES, INC. Principal Place of Business Mailing Address 5570 BEE RIDGE ROAD, SUITE C-2 5570 BEE RIDGE ROAD. SUITE C-2 SARASOTA FL 34233 SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0831583 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILBERSTEIN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 720 SOUTH ORANGE AVENUE SARASOTA FL 34236 Zip Code City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 CR2E034 (9/01) D/Þ TITLE ☐ Delete Addition Alessandro A. Giannini NAME NAME STREET ADDRESS 411 Vanderkloot Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Osprey, FL 34229 TITLE ★ Change ☐ Addition ☐ Delete TITI F NAME NAME George Strickland STREET ADDRESS STREET ADDRESS 324 Bayshore Drive CITY-ST-ZIP CITY-ST-7IP Sgrasota, FL 34231 Change ☐ Addition TITLE ☐ Delete TITLE Francis B Hoskinson NAME NAME 5570 Bee Ridge Rd, Suite C-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Sarasota FL 34233 ☐ Delete TITLE ☐ Change Addition Addition Neftali Munoz NAME NAME 807 US Bypass 41 S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Venice, FL 34292 D/S ☐ Delete TITLE ☐ Change Addition TITLE NAME Sundra Munoz STREET ADDRESS 807.US Bypass 41S Venice, FL 34292 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 true 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.

**FILED**