

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90115 012 ***150.00

DOCUMENT # P01000054039

1. Entity Name
GEORGE SCOTT CONSULTING, INC.



Principal Place of Business
**2828 PALAMORE DR
TAMPA FL 33618
US**

Mailing Address
**2828 PALAMORE DR
TAMPA FL 33618
US**



2. Principal Place of Business
**1710 W. Hills Ave.
Suite, Apt. #, etc.
#2**

3. Mailing Address
**1710 W. Hills Ave.
Suite, Apt. #, etc.
#2**

CHECK HERE IF MAKING CHANGES

City & State
TAMPA, FLA.

City & State
TAMPA, FLA.

4. FEI Number **59-3720182**

Applied For
 Not Applicable

Zip Country
33606 U.S.A.

Zip Country
33606 U.S.A.

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

**SCOTT, GEORGE A.
2828 PALAMORE DR
TAMPA FL 33618**

(address change)

Name **George Scott**

Street Address (P.O. Box Number is Not Acceptable)
1710 W. Hills Ave. #2

City **Tampa** **FL** Zip Code **33606**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCOTT, GEORGE 2828 PALAMORE DR TAMPA FL 33618 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Scott, George 1710 W. Hills Ave. #2 TAMPA, FLA (33606) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>(change address)</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 lines empowered.

SIGNATURE: **SIGNATURE REQUIRED**

3/18/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)