

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90142 002 ***150.00

DOCUMENT # P01000057826

1. Entity Name
SCOTT BROAD, INC.



Principal Place of Business
**701 NORTHEAST 34TH STREET
OAKLAND PARK FL 33334**

Mailing Address
**701 NORTHEAST 34TH STREET
OAKLAND PARK FL 33334**

11016330



2. Principal Place of Business
6604 Hulda Drive
Suite, Apt. #, etc.

3. Mailing Address
6604 Hulda Drive
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Pierce, FL

City & State
Fort Pierce, FL

4. FEI Number **65-1142187**

Applied For
Not Applicable

Zip Country
34951 U.S.

Zip Country
34951 U.S.

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

**RETAMAR, RICHARD E ESQ.
2424 NORTH FEDERAL HIGHWAY
SUITE 460
BOCA RATON FL 33431**

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 **[Signature] PRES. S.B.T.**

(NOTE: Registered Agent signature required when reinstating)

4/21/2003

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 **D** ☐ Delete
NAME **BROAD, SCOTT**
STREET ADDRESS **701 NORTHEAST 34TH STREET 6604 Hulda Drive**
CITY-ST-ZIP **OAKLAND PARK FL 33334 Fort Pierce, FL 34951**

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

TITLE ☐ Delete
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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: **[Signature] Scott Broad PRESIDENT 4/21/2003 772-466-6048**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Delete Daytime Phone #

CR2E034 (10/02)