

3/25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91218 025 \*\*\*150.00

**DOCUMENT # P01000076098**

1. Entity Name

**SCOTT LE JOLIE CADEAU INVESTMENT, INC.**

Principal Place of Business

6440 WEST NEWBERRY ROAD  
 SUITE 401  
 GAINESVILLE FL 32605

Mailing Address

6440 WEST NEWBERRY ROAD  
 SUITE 401  
 GAINESVILLE FL 32605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

59 370 3625

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCOTT, JENNIFER N  
 6440 WEST NEWBERRY ROAD  
 SUITE 401  
 GAINESVILLE FL 32605

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.

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  
 Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME *President Jennifer Scott*  
 STREET ADDRESS *Box 140764*  
 CITY-ST-ZIP *GULF, FL 32614*

TITLE ☐ Delete  
 NAME *VP Eric Scott*  
 STREET ADDRESS *Box 140764*  
 CITY-ST-ZIP *GAINESVILLE, FL 32614*

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 352 332-0030

Date

Daytime Phone #

CR2E034 (9/01)