

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-24-2002 91326 015 ***150.00

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

DOCUMENT # P01000082441
 1. Entity Name
 SCOTT A ILLIAN INC

35694

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 26811 W CR 44A
 Suite, Apt. #, etc.

3. Mailing Address
 26811 E CR CR
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 EUSTIS FL 32736

City & State
 EUSTIS FL 32736

4. FEI Number
 59-3686063

Applied For
 Not Applicable

Zip
 32736

Country
 LAKE

Zip
 32736

Country
 LAKE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

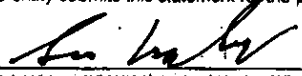
Name
 SCOTT A ILLIAN

Street Address (P.O. Box Number is Not Acceptable)
 26811 W CR 44A

City
 EUSTIS

FL Zip Code
 32736

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  DATE 4-26-02

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 Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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 NAME STREET ADDRESS CITY-ST-ZIP	Pres SCOTT A ILLIAN 26811 E CR 44A EUSTIS FL 32736	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  SCOTT ILLIAN DATE 4-26-02 (352) 253-0163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone