

2003
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90145 046 ***150.00

0328392 AV

DOCUMENT # P01000095758

1. Entity Name
CAROLYN SCOCA, P.A.

Principal Place of Business Mailing Address
3670 INVERRARY DRIVE APT 3A 3670 INVERRARY DRIVE APT 3A
LAUDERHILL FL 33319 LAUDERHILL FL 33319

2. Principal Place of Business 3. Mailing Address
3700 GALT OCEAN DR 3700 GALT OCEAN DR #903

Suite, Apt. #, etc. Suite, Apt. #, etc.
#903 #903

City & State City & State
Fort Lauderdale FL Fort Lauderdale FL

Zip Country Zip Country
FL 33308 USA Broward 33308 USA Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
651142281 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
☐ Not Applicable

6. Name and Address of Current Registered Agent

SCOCA, CAROLYN
3670 INVERRARY DRIVE APT 3A
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name: Carolyn SCOCA PA
Street Address (P.O. Box Number is Not Acceptable)
3700 GALT OCEAN DR #903
Fort Lauderdale FL Zip Code 33308

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 _____
(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) ☐

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	PTSD	<input type="checkbox"/> Delete
NAME	SCOCA, CAROLYN	
STREET ADDRESS	3670 INVERRARY DRIVE APT 3A	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn SCOCA	
STREET ADDRESS	3700 GALT OCEAN DR #903	
CITY-ST-ZIP	Fort Lauderdale FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/01)