

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90068 025 \*\*\*150.00

**DOCUMENT # P01000095979**

**1. Entity Name**  
**LAWRENCE W. SCADUTO, P.A.**

**Principal Place of Business**

**13007 PEBBLE BCH CIR.**  
**HUDSON, FL 34667**

**Mailing Address**

**13007 PEBBLE BCH CIR.**  
**HUDSON FL 34667**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**59-3750372**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**SCADUTO, LAWRENCE W**  
**13007 PEBBLE BCH CIR.**  
**HUDSON FL 34667**

**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. 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

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **PSD** ☐ Delete  
**NAME** **SCADUTO, LAWRENCE W**  
**STREET ADDRESS** **13007 PEBBLE BCH CIR.**  
**CITY-ST-ZIP** **HUDSON FL 34667**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**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  
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**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LAWRENCE SCADUTO**

**8/23/02 727 847 4444**

Date

Daytime Phone #

CR2E034 (4/02)

Lawrence W. Scaduto, P.A.

13007 Pebble Beach Circle

Hudson, FL 34667

727 847-4444

Attachment  
DOI 0000 95979

August 24, 2002

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302

Gentlemen:

Enclosed is my Uniform Business Report for 2002. Please note that this is the first and ONLY notice that I have ever received. Since this is the first filing for a Corporation that I have ever performed, I had no idea that such a report was even required. Therefore, I am requesting that the late penalty be waived. I have enclosed the normal filing fee of \$150.00 in anticipation of your cooperation in waiving the late fee.

If there is anything that you require, please advise me accordingly.

Thanking you in advance for your cooperation.

Sincerely,



Lawrence W. Scaduto, P.A.