

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90078 012 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000101319

1. Entity Name
ROBERTSON & SCOTTI, INC.

Principal Place of Business

POST OFFICE BOX 4586
FORT PIERCE FL 34948

Mailing Address

POST OFFICE BOX 4586
FORT PIERCE FL 34948

2. Principal Place of Business

3415 North A1A

Suite, Apt. #, etc.

3. Mailing Address

3415 North A1A

Suite, Apt. #, etc.

City & State
Ft Pierce, Florida

City & State
Ft Pierce Florida

4. FEI Number
65-1147549

Applied For

Not Applicable

Zip Country
34949 USA

Zip Country
34949 USA

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

6. Name and Address of Current Registered Agent

SEGAL, BARRY
2801 OCEAN DRIVE
SUITE 204
VERO BEACH FL 32963

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 *Susan Ann Scotti*
Signature typed or printed name of registered agent and title if applicable.
SUSAN ANN SCOTTI

(NOTE: Registered Agent signature required when reinstating)

1-20-2002
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 D ☐ Delete
NAME SCOTTI, SUSAN ANN
STREET ADDRESS POST OFFICE BOX 4586
CITY-ST-ZIP FORT PIERCE FL 34948

TITLE D ☐ Delete
NAME ROBERTSON, DAVID CAMPBELL
STREET ADDRESS POST OFFICE BOX 4586
CITY-ST-ZIP FORT PIERCE FL 34948

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 Scotti, Susan Ann
STREET ADDRESS 3415 North A1A
CITY-ST-ZIP Ft. Pierce, Florida 34949

TITLE ☒ Change ☐ Addition
NAME Robertson, David Campbell
STREET ADDRESS 3415 North A1A
CITY-ST-ZIP Ft. Pierce, Florida 34949

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

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: *Susan Ann Scotti*
Signature typed or printed name of signing officer or director
SUSAN ANN SCOTTI

1-20-2002 561-299-1711
Date Daytime Phone #

CR2E034 (9/01)