

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2003 8:00 am
Secretary of State

6/11

06-18-2003 90022 011 ***550.00

DOCUMENT # P01000104422

1. Entity Name

**SHAFTER SCOTT BUILDING AND CONSTRUCTION MANAGE-
NT COMPANY**



Principal Place of Business

2103 COLSON ROAD

PLANT CITY FL 33567

Mailing Address

2103 COLSON ROAD

PLANT CITY FL 33567

55050402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR
26-0050601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, LUCILE
1002 W LASALLE ST
TAMPA FL 33607

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, the registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P SCOTT, SHAFTER**
STREET ADDRESS **2103 COLSON ROAD**
CITY-ST-ZIP **PLANT CITY FL 33567**

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

TITLE ☐ Delete
NAME **V SCOTT, EVALINA M**
STREET ADDRESS **2103 COLSON ROAD**
CITY-ST-ZIP **PLANT CITY FL 33567**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SHAFTER SCOTT BUILDING AND CONSTRUCTION MANAGE-
NT COMPANY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/03 (913) 650-8869
Date Daytime Phone #

CR2E034 (10/02)

attachment

55050402
#P01000104422

Rev. Shafter Scott
2103 Colson Rd
Plant City FL 33567

FEI Number:

26-0050601

