

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 25 AM 8:01

DOCUMENT # P01000110651

1. Corporation Name

SCOT CLARK FARRIER, INC.

Principal Place of Business

1510 SW 116 AVE  
DAVIE FL 33326

Mailing Address

1510 SW 116 AVE  
DAVIE FL 33326



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/2001

5. FEI Number

☒ Applied For  
☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CLARK, SCOT R	1510 SW 116 AVE	DAVIE FL 33326
ST	CLARK, SUSAN M	1510 SW 116 AVE	DAVIE FL 33326

000008594540  
10/25/02--01066--011 \*\*150.00

02 UBR

8. Name and Address of Current Registered Agent

KASBAR, JOHN A  
3880 SHERIDAN ST  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 23 2002

954-  
452-  
8743

CR2040 (8/02)

*Page 2 of 2*  
**JAK**

October 23, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: SCOT CLARK FARRIER, INC.  
2002 UBR REPORT #P01000110651

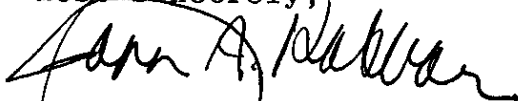
Dear Sir/Madam:

We are writing on behalf of our above-referenced client.

Please know that SCOT CLARK FARRIER, INC. never received the first UBR Report for the year in question. As they are a first-time filer kindly accept this report and payment of \$150 as filed.

Thank you in advance for your cooperation in this matter.

Most sincerely,



John A. Kasbar

JAK:jmk  
encls

cc: Scot Clark Farrier, Inc.

**JOHN A. KASBAR & COMPANY**

ACCOUNTANTS - TAX CONSULTANTS - FINANCIAL PLANNERS  
3880 SHERIDAN STREET - HOLLYWOOD, FLORIDA 33021  
DADE/BROWARD: (954) 983-2990 - TOLL FREE: 1 (800) 330-2990