

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90028 036 ***158.75

DOCUMENT # P02000025821

1. Entity Name

SCORPION COMMUNICATIONS, INC.



Principal Place of Business

**4169 15TH STREET COURT EAST
ELLENTON FL 34222**

Mailing Address

**4169 15TH STREET COURT EAST
ELLENTON FL 34222**

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
☐ 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

**FERRELL, CROCKETT B
4169 15TH STREET COURT EAST
ELLENTON FL 34222**

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

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 **PD** ☐ Delete
NAME **FERRELL, CROCKETT B**
STREET ADDRESS **4169 15TH STREET COURT EAST**
CITY-ST-ZIP **ELLENTON FL 34222**

TITLE **C** ☒ Change ☐ Addition
NAME **FERRELL, CROCKETT B**
STREET ADDRESS **4169 15TH ST CRT E**
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE **D** ☐ Delete
NAME **BARTHOLOMEW, TOM**
STREET ADDRESS **7014 DATE PALM LANE**
CITY-ST-ZIP **ELLENTON FL 34222**

TITLE **DIS/TV** ☒ Change ☐ Addition
NAME **BARTHOLOMEW, TOM**
STREET ADDRESS **7014 DATE PALM LANE**
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE **STD** ☒ Delete
NAME **RAYFIELD, ROBERT G**
STREET ADDRESS **6201 US HIGHWAY 41 NORTH #2087**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **V/D** ☐ Change ☒ Addition
NAME **DON CROCKER**
STREET ADDRESS **327 3RD ST DR. W. #33**
CITY-ST-ZIP **PALMETTO, FL 34221**

TITLE **V** ☒ Delete
NAME **GLEMMING, ROBERT S**
STREET ADDRESS **4169 15TH STREET COURT EAST**
CITY-ST-ZIP **ELLENTON FL 34222**

TITLE **P/D** ☐ Change ☒ Addition
NAME **CROCKETT B. FERRELL III**
STREET ADDRESS **4169 15TH ST CRT E**
CITY-ST-ZIP **ELLENTON, FL 34222**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Crockett B. Ferrell
CROCKETT B. FERRELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/03 941/637/1143

Date Daytime Phone #

CR2E034 (10/02)