

FILED
May 29, 2003 8:00 am
Secretary of State

05-05-2003 91149 035 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/5/02

DOCUMENT # - P02000055596

1. Entity Name
SHANE SCOTT ENTERPRISES, INC.



55044320



Principal Place of Business
7673-133RD ST. NORTH
SEMINOLE FL 33776
10226 - 119 ST. N.
LARGO FL 33778

Mailing Address
7673-133RD ST. NORTH
SEMINOLE FL 33776
10226 - 119 ST. N.
LARGO FL 33778

2. Principal Place of Business

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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, WILLIAM S
7673 133RD ST. NORTH
SEMINOLE FL 33776

Name
SCOTT WILLIAM S
Street Address (P.O. Box Number is Not Acceptable)

10226 - 119 ST. N.

City
LARGO

FL

Zip Code

33778

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 WILLIAM SHANE SCOTT

x William Shane Scott

04-30-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
WILLIAM SHANE SCOTT
10226 119 ST. N.
LARGO, FL 33778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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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:

x William Shane Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/03

DATE

727-384-1745

Daytime Phone #

CR2EN04 (10/02)