

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90507 046 \*\*\*150.00

0573574 AV

**DOCUMENT # P02000072734**

1. Entity Name  
**SCOTT-WARNER AUTO CLINIC, INC.**



Principal Place of Business  
**5353 SW COLLEGE RD  
OCALA FL 34474**

Mailing Address  
**5353 SW COLLEGE RD  
OCALA FL 34474**

2. Principal Place of Business  
**N/A**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**52-2368163**

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**

**HAMMET, J RANDALL  
5353 SW COLLEGE RD  
OCALA FL 34474**

**7. Name and Address of New Registered Agent**

Name **N/A**  
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 **N/A**

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	<b>D</b> <b>WARNER, GARY L</b> <b>8460 SW 101 PL RD</b> <b>OCALA FL 34481</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARNER, JOYCE E</b> <b>8460 SW 101 PL RD</b> <b>OCALA FL 34481</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, RANDOLPH</b> <b>1421 SW 27 AVE</b> <b>OCALA FL 34474</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAH, FAZIA</b> <b>1421 SW 27 AVE</b> <b>OCALA FL 34474</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filers empowered.

**SIGNATURE:**

**RECEIVED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/03**

Date

**(352) 288-0479**

Daytime Phone #

CR2E034 (10/02)