

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90156 005 ***150.00

DOCUMENT # 00200068375 1. Entity Name SCOTT ALAN INC	2. Principal Place of Business Suite, Apt. #, etc. 4630 N UNIVERSITY DR City & State CORAL SPRINGS FL Zip 33067 Country USA	3. Mailing Address SAME Suite, Apt. #, etc. City & State City & State Zip Country
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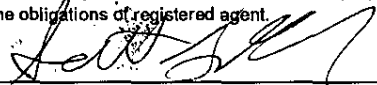
DO NOT WRITE IN THIS SPACE

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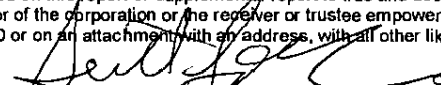
4. FEI Number 30-0173945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent Name SCOTT SPIEWAK Street Address (P.O. Box Number is Not Acceptable) 4630 N UNIVERSITY DR City CORAL SPRINGS FL Zip Code 33067
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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
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January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
PRES SCOTT SPIEWAK 4630 N UNIVERSITY DR CORAL SPRINGS, FL 33067	
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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 on an attachment with an address, with all other like empowered. SIGNATURE:  SCOTT SPIEWAK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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CR2E034B (12/02)

Attachment#

SCOTT ALAN, INC.
4630 N UNIVERSITY DR
SUITE 391
CORAL SPRINGS, FL 33071

80136096
P02000100272

July 31, 2003

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

Re: CRE034 P02000100272

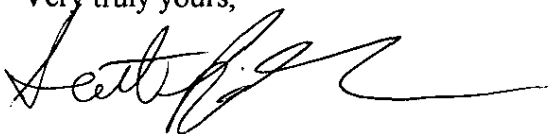
To Whom It May Concern:

Please be advised that I did not receive the enclosed form as I have changed my address. Enclosed please find a substitute UBR form and a check for \$150.00.

Since I never received the attached for, I am submitting a substitute for and am hoping, with my assurance that all future forms will be filed timely, you will consider this form as filed timely.

Thanking you in advance for your consideration in this matter, I remain,

Very truly yours,



Scott Spiewak