

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2003 8:00 am
Secretary of State

5/2

05-22-2003 90143 038 ***158.75

DOCUMENT # P02000101020 *(2)*

1. Entity Name
SCRAPPERS, INC.



Principal Place of Business
3021 BLUE HERON DR. NORTH
JACKSONVILLE FL 32223

Mailing Address
~~3021 BLUE HERON DR. NORTH~~ P.O. Box 56045
JACKSONVILLE FL ~~32223~~ 32241

55049676

2. Principal Place of Business
4949 Sunbeam RD
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 56045
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State Jacksonville FL

City & State Jacksonville FL

Zip 32257 **Country**

Zip 32241 **Country**

4. FEI Number 51-0429452

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIGGS, ROBERT D
11954 MAGNOLIA FALLS DRIVE
JACKSONVILLE FL 32258

7. Name and Address of New Registered Agent

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: _____ **DATE:** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RIGGS, ROBERT D	
STREET ADDRESS	11954 MAGNOLIA FALLS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCGOUGH, DOUGLAS	
STREET ADDRESS	137 WOODLANDS CREEK DRIVE	
CITY-ST-ZIP	PONTE VERDA FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Sec/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ross Ringle	
STREET ADDRESS	3671 General Marshall Dr.	
CITY-ST-ZIP	Daytona Beach, FL 32124	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **DATE:** _____ **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)