


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

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90182 027 \*\*\*175.00

**DOCUMENT #** P02000104692

**1. Entity Name**  
SCANLON IMPORTS, INC.



**Principal Place of Business**  
14200 S TAMAMI TRAIL  
FT MYERS FL 33912

**Mailing Address**  
14200 S TAMAMI TRAIL  
FT MYERS FL 33912



CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**  
15551 S Tamiami Tr

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**  
FT. Myers FL

**City & State**

**Zip** 33907 **Country** USA

**Zip** **Country**

**4. FEI Number** 02-0649255

Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

HUBBARD, STEVEN W  
2320 FIRST STREET STE 1000  
FT MYERS FL 33901

**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** \_\_\_\_\_ (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**  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	SCALON, JOHN E. C	
STREET ADDRESS	14200 S TAMAMI TRAIL	
CITY-ST-ZIP	FT MYERS FL 33912	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John E. Scanlon	
STREET ADDRESS	4805 Griffin Blvd	
CITY-ST-ZIP	FT. MYERS, FL. 33909	
TITLE	V. Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Scanlon	
STREET ADDRESS	4805 Griffin Blvd	
CITY-ST-ZIP	FT MYERS FL. 33909	
TITLE	V. Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip Clemente	
STREET ADDRESS	16751 Panther Paw Ct	
CITY-ST-ZIP	Ft. Myers, FL 33909	
TITLE	Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Brunnett	
STREET ADDRESS	7540 Briarcliff Rd	
CITY-ST-ZIP	FT. MYERS, FL. 33912	
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:** \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ **3-7-03** **739-433-2277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)