

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90196 032 \*\*\*150.00

**DOCUMENT # P02000117329**

1. Entity Name  
**SCAMPERS INC.**



Principal Place of Business  
**C/O RICHARD GLEMAN  
1122 3RD STREET, SUITE 3  
NAPTUNE BEACH FL 32266**

Mailing Address  
**C/O RICHARD GLEMAN  
1122 3RD STREET, SUITE 3  
NAPTUNE BEACH FL 32266**



2. Principal Place of Business

**1351 13TH AVE SOUTH  
SUITE 140**

3. Mailing Address

**1351 13TH AVE SOUTH  
SUITE 140**

City & State  
**JACKSONVILLE BCH, FLORIDA**  
Zip  
**32250** Country  
**USA**

City & State  
**JACKSONVILLE BCH, FLORIDA**  
Zip  
**32250** Country  
**USA**

4. FE Number  
**14-1854491**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GLEMAN, RICHARD  
1122 3RD STREET  
SUITE 3  
NAPTUNE BEACH FL 32266**

7. Name and Address of New Registered Agent

Name  
**RICHARD GLEMAN**  
Street Address (P.O. Box Number is Not Acceptable)  
**1351 13TH AVE SOUTH, STE 140**  
City  
**JACKSONVILLE BEACH, FL** Zip Code  
**32250**

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 **Richard P. No**  
Signature, typed or printed name of registered agent and title if applicable.

**RICHARD GLEMAN**  
(NOTE: Registered Agent signature required when reinstating)

**1/23/03**  
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-PRESIDENT ALGRIM, ARNOLD 1122 3RD STREET, SUITE 3 NAPTUNE BEACH FL 32266</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHIEF EXECUTIVE OFFICER STEPHEN ROBERT WOLSEY 16087 SHELICKACKER RD JACKSONVILLE, FL 32226</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EXECUTIVE VICE PRESIDENT DAVID KUO 2333 PINE ISLAND CT JACKSONVILLE, FL 32224</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"/> 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 like empowered.

SIGNATURE:

**STEPHEN R. WOLSEY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/03 (904)244-5959**  
Date Daytime Phone #

CR2E034 (10/02)