2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000129558

Entity Name: THE SCOOTER SHOP "INC."

FILED Sep 09, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
8546 LEOKIDD PORT RICHEY, FL 34668				8546 LEO KIDD AVE. PORT RICHEY, FL 34668			
Current Mailing Address:				New Mailing Address:			
8546 LEOKIDD PORT RICHEY, FL 34668				8546 LEO KIDD AVE. PORT RICHEY, FL 34668			
FEI Number: 8	82-0580957	FEI Number Applied For ()	FEI Num	nber Not Applic	cable ()	Certificate	of Status Desired (X)
Name and	Address of	Current Registered Agent:		Name and	Address o	of New Regis	stered Agent:
MUNROW, WILLIAM C 9732 LITTLE ROAD NEW PORT RICHEY, FL 34654 US							
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.							
SIGNATURE:							
	Date						
Election Campaign Financing Trust Fund Contribution (X). OFFICERS AND DIRECTORS: ADD					S/CHANG	ES TO OFFIC	CERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P (CRECCA, ANT) Delete THONY MANN AVE. SUITE#9		Title: Name: Address: City-St-Zip:	P SANDERS, 8546 LEO K	(X) Change(DAWN D	
Title: Name: Address: City-St-Zip:	SANDERS, DA	1ANN AVE SUITE#9		Title: Name: Address: City-St-Zip:	VP SANDERS, 8546 LEO K PORT RICH) Addition
Title: Name: Address: City-St-Zip:	SANDERS, DA	1ANN AVE SUITE#9		Title: Name: Address: City-St-Zip:	SEC SANDERS, 8546 LEO K PORT RICH) Addition
Title: Name: Address: City-St-Zip:	SANDERS, DA	1ANN AVE SUITE#9		Title: Name: Address: City-St-Zip:	T SANDERS, 8546 LEO K PORT RICH) Addition
Title: Name: Address: City-St-Zip:	MASCOLA, AL	1ANN AVE SUITE#9		Title: Name: Address: City-St-Zip:	T SANDERS, 8546 LEO K PORT RICH) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN D SANDERS P 09/09/2003