2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019213

1. Entity Name

Gregory Scott Associates Inc.

Principal Place of Business
13195 169th Ct. N.
Jupiter Fl. 33478

Mailing Address
13195 169th Ct. N.
Jupiter Fl. 33478

00054006

2. Principal Place of Business
13195 169th Ct. N.
Suite, Apt. #, etc.

3. Mailing Address
13195 169th Ct. N.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Jupiter Fl.
Zip 33478   Country

City & State Jupiter Fl.
Zip 33478   Country

4. FEI Number 65-0407250

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
Greg Henderson 13195 169th Ct. N. Jupiter Fl. 33478	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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2001, Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Greg Henderson Pres 13195 169th Ct. N. Jupiter Fl. 33478	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Pres   4-18-01   561-741-3129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #