2002 Uniform Business Report (UBR)

changed, or on an attachment

SIGNATURE AND TYPED OR P

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State DOCÚMENT# P93000054008 1. Entity Name 04-11-2002 90072 035 ***150 00 J. SCOTT REALTY, INC. Principal Place of Business Mailing Address 6513 BAYLINE DRIVE 6513 BAYLINE DRIVE COCFAD PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3196781 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCOTT, JAMES R Street Address (P.O. Box Number is Not Acceptable) 8716 CROOK HOLLOW ROAD 4927 SXMMSON TOXE PANAMA CITY FL 32404 City 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. JAMES R. SCOTT 4/1/02 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE OD Delete TITLE CR2E034 (9/01) ☐ Change Addition SCOTT, JAMES R NAME NAME STREET ADDRESS 8716 CROOK HOLLOW RD STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP TITLE **PVST** ☐ Delete TITI F Change ☐ Addition NAME SCOTT, JAMES R NAME STREET ADDRESS 8716 CROOK HOLLOW RD STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THEF Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

JAMES

<u>4/1/02</u>

Date