

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073903

1. Entity Name

SCOT ROSS, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90171 039 ***150.00

Principal Place of Business

5538-A NW 43 ST.
GAINESVILLE FL 32653
US

Mailing Address

5538-A NW 43 ST
GAINESVILLE FL 32653
US

2. Principal Place of Business

2909 NW 162 St
Suite, Apt. #, etc.

3. Mailing Address

2909 NW 162 St
Suite, Apt. #, etc.

City & State

Newberry FL

City & State

Newberry FL

Zip

Country

32669 US

Zip

Country

32669 US

4. FEI Number

59-3208511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, SCOT
2604 NW 162 ST - 2909 NW 162 St
NEWBERRY FL 32669

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.

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSS, SCOT	
STREET ADDRESS	RT 4 BOX 103	
CITY-ST-ZIP	HAWTHORNE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROSS, DAWN	
STREET ADDRESS	2604 NW 162 ST	
CITY-ST-ZIP	NEWBERRY FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scot Ross	
STREET ADDRESS	2909 NW 162 St	
CITY-ST-ZIP	Newberry, FL 32669	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dawn Ross	
STREET ADDRESS	2909 NW 162 St	
CITY-ST-ZIP	Newberry, FL 32669	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Dawn Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00 352-472-5619

Date

Daytime Phone #

CR2E034 (9/99)