

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000013452

1. Entity Name
SCOTT ADAMS STUCCO, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91343 042 ***150.00

Principal Place of Business

1421 S. MOHICAN TRAIL
INVERNESS FL 34450
US

Mailing Address

1421 S. MOHICAN TRAIL
INVERNESS FL 34450
US

A0069441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1245 E. NORVELL BRYANT Hwy
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1383
Suite, Apt. #, etc.

City & State

HERNANDO, FL

City & State

INVERNESS, FL

4. FEI Number **59-3233843**

Applied For
Not Applicable

Zip Country
34442 CITRUS

Zip Country
34451 CITRUS

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

ADAMS, SCOTT A
1421 S MOHICAN TRAIL
INVERNESS FL 34450

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 *Scott Adams*
Signature, typed or printed name of registered agent and title if applicable.

Scott Adams, President
(NOTE: Registered Agent signature required when reinstalling)

2-7-01
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 ☐ Delete
NAME **D**
STREET ADDRESS **ADAMS, SCOTT A**
CITY-ST-ZIP **1421 S MOHICAN TRAIL
INVERNESS FL**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **Adams, Scott A.**
CITY-ST-ZIP **P.O. Box 1383
INVERNESS, FL 34451**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: *Scott Adams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-01 *352-637-4000*
Date Daytime Phone #

CR2E034 (10/00)