

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90164 044 ***155.00

DOCUMENT # **94000017420**

1. Entity Name

Scott B. Chapman, P.A.

Principal Place of Business

Mailing Address

7040 W Palmetto Park Road #4
Suite 399
Boca Raton, FL 33433

SAME

AB06/1000

2. Principal Place of Business

3. Mailing Address

7040 W Palmetto Park Road #4

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

399

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33433

USA

4. FEI Number

65-0466370

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

Scott B. Chapman, Esq.
7040 W Palmetto Park Road #4
Suite 399
Boca Raton, FL 33433

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, 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 **President** ☐ Delete
 NAME **Scott B. Chapman**
 STREET ADDRESS **7040 W Palmetto Park Road #4, Suite 399**
 CITY-ST-ZIP **Boca Raton, FL 33433**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Chapman

4/13/01

Date

561-483-8000

Daytime Phone #

CR2E034 (11/00)