

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90048 027 ***150.00

DOCUMENT # P94000018269

1. Entity Name
SCOTT SAUNDERS P.A.

Principal Place of Business

**2027 FLAGLER AVE
 KEY WEST FL 33040
 US**

Mailing Address

**2027 FLAGLER AVE
 KEY WEST FL 33040
 US**

2. Principal Place of Business

6631 MALONEY AVENUE

Suite, Apt. #, etc.

3. Mailing Address

6631 MALONEY AVENUE.

Suite, Apt. #, etc.

City & State

KEY WEST

Zip

33040

Country

U.S.

City & State

FLORIDA

Zip

33040

Country

U.S.

4. FEI Number

65-0478520

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SAUNDERS, SCOTT
 2027 FLAGLER AVE
 KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name

SCOTT SAUNDERS

Street Address (P.O. Box Number is Not Acceptable)

6631 MALONEY AVENUE

City

KEY WEST

FL

Zip Code

33040

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, 2002 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 **PVST** ☐ Delete
 NAME **SAUNDERS, SCOTT**
 STREET ADDRESS **2027 FLAGLER AVE.**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
 NAME **SCOTT SAUNDERS**
 STREET ADDRESS **6631 MALONEY AVE**
 CITY-ST-ZIP **KEY WEST, FL 33040**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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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

Date

Daytime Phone #

1/17/02

CR2E034 (9/01)