

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024208

1. Entity Name
SCOUT CONSTRUCTION, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90109 017 ***150.00

Principal Place of Business
PO BOX 489
LYNN HAVEN FL 32444
US

Mailing Address
PO BOX 489
LYNN HAVEN FL 32444
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2493 Felix Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Alford, FL

City & State

4. FEI Number **59-3239899**

Applied For
Not Applicable

Zip
32420

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HAMM, LEWIS F
2493 FELIX STREET
ALFORD FL 32420

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	HAMM, LEWIS F	PO BOX 489	LYNN HAVEN FL 32444	<input type="checkbox"/>
S	HAMM, KATHY C	PO BOX 489	LYNN HAVEN FL 32444	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2493 Felix Street	Alford, FL 32420	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2493 Felix Street	Alford, FL 32420	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is 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 #

CR2E034 (10/00)