

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000027681

1. Entity Name  
PRT AMERICA, INC.

Principal Place of Business  
JAMES S. SCOTT  
3002 SANDPIPER BAY CIR. SUITE A-303  
NAPLES FL 34112-5620  
US

Mailing Address  
JAMES S. SCOTT  
3002 SANDPIPER BAY CIR. SUITE A-303  
NAPLES FL 33962  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0480758

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, JAMES S.  
3002 SANDPIPER BAY CIRCLE  
SUITE A-303  
NAPLES FL 34112

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  
D  
SCOTT, JAMES S  
3002 SANDPIPER BAY CIRCLE, SUITE A-303  
NAPLES FL 34112-5620

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 SIGNED OFFICER OR DIRECTOR

5/14/01 941-774-7936

Daytime Phone #

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90133 022 \*\*\*150.00

3747



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)