

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090850

1. Entity Name

SCOTT R. LARSON, P.A.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90053 017 ***150.00

Principal Place of Business

Mailing Address

2020 HARRIS AVENUE
KEY WEST FL 33040

2020 HARRIS AVENUE
KEY WEST FL 33040-3723

2. Principal Place of Business

3. Mailing Address

1201 WHITE STREET STE 101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KEY WEST FL 33040

Zip

Country

Zip

Country

USA

4. FEI Number

65-0542229

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

RITSON, BRUCE

1022 JOHNSON STREET
KEY WEST FL 33040

Name

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

513 Whitehead Street

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, 2000 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
P
LARSON, SCOTT R
2020 HARRIS AVENUE
KEY WEST FL 33040 ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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:

Scott R. Larson

Scott R Larson President

305/296-7727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)