

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90120 048 ***150.00

DOCUMENT # P95000013387

1. Entity Name
GEORGE SCOTT INTERNATIONAL, INC.

Principal Place of Business

**3350 MCLEMORE DRIVE
 PENSACOLA FL 32514
 US**

Mailing Address

**3350 MCLEMORE DRIVE
 PENSACOLA FL 32514
 US**

00016100



2. Principal Place of Business

3. Mailing Address

**4235 Marsh Landing Blvd
 Suite, Apt. #, etc.
 # 634**

**649 NE Newport Dr
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville Beach FL

City & State
Lees Summit MO

4. FEI Number **59-3299949**

Applied For
 Not Applicable

Zip
32250

Country
USA

Zip
64064

Country
USA

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

**WLMC REGISTERED AGENTS, INC.
 701 BRICKELL AVE, 2000
 MIAMI FL 33131**

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 _____ (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
**CD
 HARKINS, JOHN S
 1098 PARK LANE
 GULF BREEZE FL 32561** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 HARKINS, MARTHA LOU
 1098 PARK LANE
 GULF BREEZE FL 32561** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 Harkins, Martha Lou
 4235 Marsh Landing Blvd # 634
 Jacksonville Beach FL 32250** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 WATTS, ROBIN A
 5 NORTH 70TH AVENUE
 PENSACOLA FL 32506** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**COOV
 MATEAR, CRAIG D
 1032 FORT PICKERS RD.
 GULF BREEZE FL 32561** ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CFOV
 RODGERS, JOSEPH M
 3500 CREIGHTER RD. #63
 PENSACOLA FL 32504** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CEO
 Rodgers, Joseph M
 649 NE Newport Drive
 Lees Summit MO 64064** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 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: Joseph M Rodgers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/01 816-347-1713
 Date Daytime Phone #

CR2E034 (10/00)