

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90016 018 ***158.75

DOCUMENT # P95000013387

1. Entity Name
GEORGE SCOTT INTERNATIONAL, INC.

Principal Place of Business

~~4235 MARSHLANDING BLVD~~
~~#634~~
JACKSONVILLE BEACH FL 32250
~~US~~

Mailing Address

~~649 NE NEWPORT DR~~
~~LEES SUMMIT MO 64064~~
~~US~~

2. Principal Place of Business

2225 SPRING HARBOR DR

3. Mailing Address

2225 SPRING HARBOR DR

Suite, Apt. #, etc.

APT. F

Suite, Apt. #, etc.

APT F

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

US

Zip

33445

Country

US

4. FEI Number

59-3299949

Applied For

Not Applicable

5. "Certificate of Status" Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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, 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 **PTD** ☐ Delete
 NAME **HARKINS, MARTHA LOU**
 STREET ADDRESS **4235 MARSH LANDING BLVD #634**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **CEO** ☐ Delete
 NAME **RUDGERS, JOSEPH M**
 STREET ADDRESS **649 NE NEWPORT DRIVE**
 CITY-ST-ZIP **LEES SUMMIT MO 64064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **PTD** ☒ Change ☐ Addition
 NAME **HARKINS, MARTHA LOU**
 STREET ADDRESS **2225 SPRING HARBOR DR. APT-F**
 CITY-ST-ZIP **DELRAY BCH, FL 33445**

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

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

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: MARTHA L. HARKINS **4-19-02 561 276-1507**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)