

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90205 036 \*\*\*150.00

**DOCUMENT # P95000044796**

1. Entity Name

**LOUIS SCOURTAS & ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**3027 BROOKFIELD LANE  
 CLEARWATER FL 34621**

**3027 BROOKFIELD LANE  
 CLEARWATER FL 34621**

2. Principal Place of Business

**24761 US Hwy 19 N**

3. Mailing Address

**24761 US Hwy 19 N**

Suite, Apt. #, etc.

**630**

Suite, Apt. #, etc.

**630**

City & State

**CLEARWATER, FLORIDA**

City & State

**CLEARWATER, FLORIDA**

Zip

**33763**

Country

Zip

**33763**

Country

4. FEI Number

**59-3333806**

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

**SCOURTAS, LOUIS C  
 3027 BROOKFIELD LANE  
 CLEARWATER FL 34621**

Name

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

**24761 US Hwy 19 N Suite 630**

City

**CLEARWATER**

**FL**

Zip Code

**33763**

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

*Louis Scourtas*

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 **D** ☐ Delete  
 NAME **SCOURTAS, LOUIS C**  
 STREET ADDRESS **3027 BROOKFIELD LANE**  
 CITY-ST-ZIP **CLEARWATER FL 34621**

TITLE ☒ Change ☐ Addition  
 NAME **24761 US Hwy 19 N Suite 630**  
 STREET ADDRESS **CLEARWATER, FL 33763**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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:

*Louis Scourtas*, Louis C. Scourtas, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/23/01**

Daytime Phone #

**727-443-0709**

CR2E034 (10/00)