

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088326

1. Entity Name

PATRICK S. SCOTT & ASSOCIATES, P.A.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90061 039 ***150.00

0240951

Principal Place of Business

ONE E BROWARD BLVD STE 1501
FT LAUDERDALE FL 33301

Mailing Address

ONE E BROWARD BLVD STE 1501
FT LAUDERDALE FL 33301

2. Principal Place of Business

111 S.E. 12th Street

3. Mailing Address

111 S.E. 12th Street

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33316

Country

U.S.A.

Zip

33316

Country

U.S.A.

6. Name and Address of Current Registered Agent

SCOTT, PATRICK S
ONE E BROWARD BLVD STE 1501
FT LAUDERDALE FL 33301

4. FEI Number

65-0624883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Scott, Patrick S.

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

111 S.E. 12th Street, Suite B

City

Ft. Lauderdale

FL

Zip Code

33316

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

Patrick S. Scott

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

4/4/01

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

TITLE DP ☐ Delete
NAME SCOTT, PATRICK S
STREET ADDRESS 2070 NE 54 COURT
CITY-ST-ZIP FORT LAUDERDALE FL 33308

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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 life empowered.

SIGNATURE:

Patrick S. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

954/523-1615

Daytime Phone #

CR2E034 (10/00)