

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90003 046 ***158.75

DOCUMENT # P95000093144 (0)

1. Entity Name

SCALA FAMILY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5405 SW 28TH AVE

Suite, Apt. #, etc.

3. Mailing Address

107 NE 1ST AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3427412

Applied For

Not Applicable

Zip

34474

Country

Zip

34470

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

COOPER, MICHAEL J.

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

321 NW 3RD AVE

City

OCALA

FL

Zip Code

34475

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1st - May 1st Fee is \$150.00

After May 1st Fee is \$350.00

Amended UBR is \$61.25

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	D
NAME	SCALA, FABRIZIO
STREET ADDRESS	5405 SW 28TH AVE
CITY - ST - ZIP	OCALA FL 34474
TITLE	D
NAME	SCALA, LIZABETH T.
STREET ADDRESS	5405 SW 28TH AVE
CITY - ST - ZIP	OCALA FL 34474
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Fabrizio Scala* **FABRIZIO SCALA 1/25/02 (352) 854-8902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)