

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90124 024 \*\*\*150.00

0023324 AV

**DOCUMENT # P96000000799**

1. Entity Name  
**SCOTT A. CLEARY, P.A.**

Principal Place of Business <b>4161 CARMICHAEL AVE          STE 161          JACKSONVILLE FL 32207          US</b>	Mailing Address <b>4161 CARMICHAEL AVE          STE 161          JACKSONVILLE FL 32207          US</b>
---	---

2. Principal Place of Business <b>213 Pink Ibis Ct</b>	3. Mailing Address <b>213 Pink Ibis Ct</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ponte Vedra Bch, FL</b>	City & State <b>Ponte Vedra Bch, FL</b>	4. FEI Number <b>59-3350182</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32082</b>	Country <b>St Johns</b>	Zip <b>32082</b>	Country <b>St. Johns</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>CLEARY, SCOTT A          4161 CARMICHAEL AVE          #161          JACKSONVILLE FL 32207</b>		7. Name and Address of New Registered Agent Name Street Address (P.O.-Box Number is Not Acceptable) City <b>FL</b> 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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST CLEARY, SCOTT A 4161 CARMICHAEL AVE #161 JACKSONVILLE FL 32207</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST Cleary, Scott 213 Pink Ibis Ct. Ponte Vedra Bch, FL 32082</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>in address only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Scott A Cleary **Scott A Cleary** President: 4/23/02: 904-296-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)