

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026799

1. Entity Name

SCOTT CITRUS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90364 005 ***150.00

Principal Place of Business

629 FORT MEADE ROAD
FROSTPROOF FL 33843

Mailing Address

POST OFFICE BOX 838
FROSTPROOF FL 33843

80039996

2. Principal Place of Business

512 N. Scenic Hwy

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Frostproof, FL

City & State

Zip

33843

Country

Zip

Country

4. FEI Number

59-3368252

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Randy Lee Scott

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

15 Ft. Clinch Heights

City

Frostproof

Zip Code

33843

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

Randy Lee Scott

Signature, typed, 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVSD
SCOTT, RANDY LEE
629 FORT MEADE ROAD
FROSTPROOF FL 33843



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



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CITY - ST - ZIP



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CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP



TITLE
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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:

Randy Lee Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01

Date

863 632-2421

Daytime Phone #

CR2E034 (10/00)