

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90015 015 \*\*\*150.00

**DOCUMENT # P96000029926**

1. Entity Name  
**SCOT A. BENNETT, CPA, P.A.**

*R*

Principal Place of Business  
 13899 BISCAYNE BLVD #106  
 NO MIAMI BEACH FL 33181

Mailing Address  
 19400 NORTHEAST 19TH AVENUE  
 NO MIAMI BEACH FL 33179



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
*13899 BISCAYNE BLVD #106*  
 Suite, Apt. #, etc.

City & State

City & State  
*MIAMI BEACH FL*

4. FEI Number **65-0678221**

Applied For  
 Not Applicable

Zip Country

Zip Country  
*33181 DADE*

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**

**BENNETT, SCOT**  
**13899 BISCAYNE BLVD**  
**SUITE 106**  
**NORTH MIAMI FL 33181**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD BENNETT, SCOT A 19400 NORTHEAST 19TH AVENUE NO MIAMI BEACH FL 33179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Scot A. Bennett* *7/6/00* *305 949 6220*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
OH# P96000029926  
D0069718

**BENNETT & GRUDA, L.C.**  
CERTIFIED PUBLIC ACCOUNTANTS

SCOT A. BENNETT, CPA, P.A.  
LESTER A. GRUDA, CPA, P.A.  
*Members,*  
*Florida Institute of*  
*Certified Public Accountants*

July 6, 2000

Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: Scot A. Bennett, CPA, P.A.  
FEI: 65-0678221

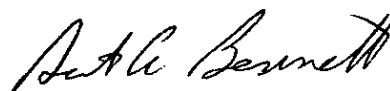
Gentlemen/Ladies:

~~I just received the second notice for the corporate annual report.~~  
I pay all my bills at the beginning of the month subsequent to the month received. However, I never received the first notice for filing this report. Based upon my telephone conversation with the department of state at (850) 487-6051 the penalty would be waived upon request for abatement in writing.

Please abate the penalty for late filing due to non-delivery of initial notice and find enclosed a completed report with a check in the amount of \$150 for the 2000 annual report fee.

Thank you for your cooperation and attention to this matter.

Sincerely,

  
Scot A. Bennett, President