2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9600062076

JOHNSON, DAVID A

SIGNATUR

579 TOUCHSTONE CIR PORT ORANGE FL 32127

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

NATIONAL SCOUTING REPORT OF NORTH CENTRAL FLORID

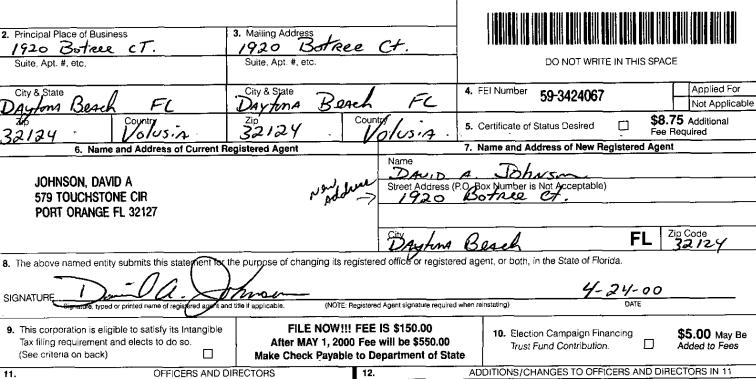
Mailing Address Principal Place of Business 579 TOUCHSTONE CIR 579 TOUCHSTONE CIR PORT ORANGE FL 32127 PORT ORANGE FL 32127-4807 3. Mailing Address 2. Principal Place of Business Botree 1920 Botree 1920 Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Name and Address of Current Registered Agent

mos

t and title if applicable

FILED May 02, 2000 8:00 am Secretary of State

05-02-2000 90080 010 ***150.00



(See criteria on back)		Ш	Make Check Payable to Department of State					_				
11. OFFICERS AND DIRECTORS					12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DAVID A 579 TOUCHSTONE C PORT ORANGE FL 32		☐ Delet			1920 Bot Daytona			32124	Change Change	Addition	CR2E034 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet		TITLE NAME STREET ADDRESS CITY-ST-ZIP	•				☐ Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 	☐ Delet	ľ	TITLE				ىد ە	☐ Change	Addition.	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	ı	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet		TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delet	1	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Name

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR