

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90170 010 ***150.00

DOCUMENT #	P 96000076868
1. Entity Name	SCRUTINY INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business NORTH PORT		3. Mailing Address SCRUTINY INC.	
Suite, Apt. #, etc. 3646 MARSHALL RD,		Suite, Apt. #, etc. 3646 MARSHALL RD,	
City & State NORTH PORT,		City & State NORTH PORT,	
Zip 34288	Country U.S.A.	Zip 34288	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	NIGEL R. CLARKE		
Street Address (P.O. Box Number is Not Acceptable)	3646 MARSHALL RD		
City	NORTH PORT	FL	Zip Code 34288.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ NIGEL R. CLARKE 02/17/03.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D-G-M. NIGEL R. CLARKE 3646 MARSHALL RD, NORTH PORT FL 34288	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S. PATRICIA M. CLARKE 3646 MARSHALL RD NORTH PORT FL 34288	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ NIGEL R. CLARKE 02/17/03.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)