

DOCUMENT # P96000081352

1. Entity Name  
SCOTT SIEGEL P.A., INC.

Principal Place of Business      Mailing Address  
3030 CINNAMON BLVD.      3030 CINNAMON BLVD.  
PALM HARBOR FL 34684      PALM HARBOR FL 34684

2. Principal Place of Business      3. Mailing Address  
1711 MANDALAY DR.      1711 MANDALAY DR.  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
TARPON SPRINGS, FL      TARPON SPRINGS, FL.  
Zip      Zip      Country      Country  
34689      PINELLAS      34689      PINELLAS

6. Name and Address of Current Registered Agent  
  
SIEGEL, SCOTT  
3030 CINNAMON BLVD.  
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent  
  
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: Siegel, president Scott Siegel      DATE: 1/3/01  
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 \$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	<b>P</b> <input type="checkbox"/> Delete SIEGEL, SCOTT 3030 CINNAMON BLVD. PALM HARBOR FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <input type="checkbox"/> Delete SIEGEL, ELAINE 3030 CINNAMON BLVD. PALM HARBOR FL 34684
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	<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: Siegel, president      Date: 1/3/01      Daytime Phone #: 727-937-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**  
01-11-2001 90006 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)