

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000097384**1. Entity Name
SCOTTS MASONRY, INC.**FILED**
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90147 049 ***150.00

Principal Place of Business
2320 PALM VALLEY ROAD
PONTE VEDRA BEACH FL 32082Mailing Address
2320 PALM VALLEY ROAD
PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3415064		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****HARTLEY, SCOTT F**
2320 PALM VALLEY ROAD
PONTE VEDRA BEACH FL 32082Name
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLEY, SCOTT F	NAME	
STREET ADDRESS	2320 PALM VALLEY ROAD	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLEY, LORINDA	NAME	
STREET ADDRESS	2320 PALM VALLEY RD	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Lorinda Hartley*
LORINDA HARTLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate **1-30-01** Daytime Phone #

CR2E034 (10/00)