

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90489 009 ***150.00

DOCUMENT # P97000001016

1. Entity Name
SCOTTSDALE DESIGNS, INC.



Principal Place of Business
1735 BRANTLEY RD
UNIT 404
FT MEYRS FL 33907

Mailing Address
1735 BRANTLEY RD
UNIT 404
FT MEYRS FL 33907

1000000000



2. Principal Place of Business
17533 ORIOLE RD
Suite, Apt. #, etc.

3. Mailing Address
17533 ORIOLE RD
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
FT. MYERS FL
Zip
33912-5107

City & State
FT. MYERS FL
Zip
33912-5107

4. FEI Number **65-0732525**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCOTT, RICK L
1735 BRANTLEY RD
UNIT 404
FT MEYRS FL 33907

7. Name and Address of New Registered Agent

Name **SCOTT, RICK L**
Street Address (P.O. Box Number is Not Acceptable)
17533 ORIOLE RD
City **FT. MYERS** **FL** **Zip Code** **33912-5107**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPVS SCOTT, RICK L 1735 BRANTLEY RD FT MEYRS FL 33907 | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 17533 ORIOLE RD FT. MYERS FL 33912-5107 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 17533 ORIOLE RD FT. MYERS FL 33912-5107 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Block 11 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**

01/09/03 239 936-4447
Date **Daytime Phone #**

CR2E034 (10/02)