

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P97000011945**

1. Entity Name
BOCA-SCARSDALE REALTY, INC.



Principal Place of Business
**6096 N.W. 24TH STREET
BOCA RATON FL 33434**

Mailing Address
**6096 N.W. 24TH STREET
BOCA RATON FL 33434**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1507105

Applied For

Not Applicable

Zip Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SUMMER, DONALD L
6096 NW 24TH ST
BOCA RATON FL 33434**

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. 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

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

Delete
**D
SUMMER, DONALD L
14095 STATE ROAD 7
DELRAY BEACH FL 33446**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

Delete
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CITY-ST-ZIP

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 addendum with all other officers empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)