

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **997000013486**

1. Entity Name

SCOTT FENDERSON, P.A.

Principal Place of Business

Mailing Address

**4554 CENTRAL AVE, SUITE L
ST. PETERSBURG, FL 33711**

2. Principal Place of Business

3. Mailing Address

4554 CENTRAL AVE

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE L

SAME

City & State

City & State

ST. PETERSBURG, FL

SAME

Zip

Country

Zip

Country

33711

ANELLAS

4. FEI Number

59-3429482

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHARLES SCOTT
4554 CENTRAL AVE, SUITE L
ST. PETERSBURG, FL 33711**

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

SAME

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-17-2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	CHARLES SCOTT	
STREET ADDRESS	7004 SO SHORE DR	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	KATHRYN FENDERSON	
STREET ADDRESS	7004 SO SHORE DR	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Delete
NAME	KATHRYN FENDERSON	
STREET ADDRESS	7004 SO SHORE DR	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	70000316868	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-03/14/00--01044--030	
STREET ADDRESS	****458.75 ****458.75	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature] **CHARLES SCOTT, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-17-2000

Daytime Phone #

727-381-0099

CR2E034 (9/99)

Scott & Fenderson, P.A.
Attorneys At Law
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Suite L
St. Petersburg, Florida 33711



Criminal Defense
DUI Defense
Family Law
Divorce & Child Support

Personal Injury
Auto Accidents
Wills & Trusts
Probate

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Digital Pager 438-7023
www.scottandfenderson.com

Florida Dept of State - Division of Corporations
Corporate Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

re: Reinstatement of Scott and Fenderson, P.A.
And Request for One Time Waiver of Reinstatement Fee

February 15, 2000

Dear Sirs,

Enclosed find a completed UBR, along with annual report fees for the years 1998, 1999, and 2000 in the amount of \$150.00 for each year (total \$450.00). + \$8.75

The basis for our request for a fee waiver is because the address that you have for our corporation is incorrect as a result of an error when it was originally filed in 1997 by "Capital Connection". Your records show our address as being "455 Central Ave" however our address is as set forth above.

As a result of the error in our address, we never received any forms or notices from your office.

I appreciate your consideration of our request for a reinstatement fee waiver, and request that you correct your records with regard to our business address as set forth on this letter head.

Very truly yours,

A handwritten signature in black ink, appearing to read "Charles Scott". The signature is stylized with a large, sweeping "C" and a long, horizontal stroke.

Charles Scott