

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90105 041 ***158.75

DOCUMENT # P97000013486

1. Entity Name

SCOTT & FENDERSON, P.A.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4755 CENTRAL AVE

Suite, Apt. #, etc.

3. Mailing Address

4755 CENTRAL AVE

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33713

Country

PINEBLAS

Zip

33713

Country

PINEBLAS

4. FEI Number

59-3429482

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SCOTT, CHARLES D

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

7. Name and Address of New Registered Agent

Name

CHARLES D SCOTT

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

4755 CENTRAL AVE

City

ST PETERSBURG

FL

Zip Code
33713

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SCOTT, CHARLES**
STREET ADDRESS **7004 SO. SHORE DR**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **VST** ☐ Delete
NAME **FENDERSON, KATHRYN**
STREET ADDRESS **7004 SO. SHORE DR**
CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)