

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91015 005 ***150.00

DOCUMENT # P97000050599

1. Entity Name
LARRY SCOPPA, INC.



Principal Place of Business
**26202 FEATHERSOUND DRIVE
PUNTA GORDA, FL 33950**

Mailing Address
**26202 FEATHERSOUND DRIVE
#132
PUNTA GORDA, FL 33950**

10040000



2. Principal Place of Business
3271 TAMiami Trail
Suite, Apt. #, etc.

3. Mailing Address
3271 TAMiami Trail
Suite, Apt. #, etc.

City & State
Port Charlotte FL

City & State
Port Charlotte FL

4. FEI Number
65-0752321

Applied For
☐ Not Applicable

Zip
33952 Country

Zip
33952 Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOPPA, LARRY
26202 FEATHERSOUND DRIVE
PUNTA GORDA, FL 33950**

Name
SCOPPA LARRY

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

3271 TAMiami Trail Ste A
City **Port Charlotte** FL Zip Code **33952**

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW WITH 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOPPA, LARRY 26202 FEATHERSOUND DRIVE PUNTA GORDA, FL 33950	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOPPA LARRY 3271 TAMiami Trail Ste A Port Charlotte FL 33952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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)