

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA7000055469**  
 1. Entity Name  
**SCOUSERS, INC.**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**  
 05-09-2000 90075 003 \*\*\*150.00

Principal Place of Business  
**P.O. BOX 811595**  
**BOCA RATON**  
**FL 33481**

Mailing Address  
**PO BOX 811595**  
**BOCA RATON**  
**FL 33481**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number  
**65-0779540**

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

6. Name and Address of Current Registered Agent  
**MICHAEL TOWNER**  
**2787 E. OAKLAND PARK BLVD #204**  
**FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent  
 Name **MICHAEL TOWNER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2601 E. OAKLAND PARK BLVD #501**  
 City **FORT LAUDERDALE** FL Zip Code **33306**

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 *Michael D. Towner* **MICHAEL TOWNER** **PRESIDENT** *Michael D. Towner* **4/27/00**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>MICHAEL TOWNER</b> <b>2787 E. Oakland Park Blvd #204</b> <b>Fort Lauderdale FL 33306</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>James McAlister</b> <b>2787 E. Oakland Park Blvd #204</b> <b>Fort Lauderdale FL 33306</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>MICHAEL TOWNER</b> <b>P.O. BOX 811595</b> <b>BOCA RATON FL 33481</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Michael D. Towner* **MICHAEL TOWNER** **PRESIDENT** **4/27/00** **(954) 647 4144**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)