

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055469

1. Entity Name

SCOUSERS, INC.

Principal Place of Business

225 NE MIZNER BLVD, #300
BOCA RATON FL 33432

Mailing Address

SAME

2. Principal Place of Business

225 NE MIZNER BLVD

3. Mailing Address

225 NE MIZNER BLVD

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-0779540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

MICHAEL TOWNER
2787 E OAKLAND PK 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)

225 NE MIZNER BLVD #300

City

BOCA RATON

FL

Zip Code

33432

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 D TOWNER

4/24/01

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, 2001 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 A, S, O
NAME MICHAEL TOWNER
STREET ADDRESS 2787 E Oakland Park Blvd #204
CITY-ST-ZIP Fort Lauderdale FL 33306

☐ Delete

TITLE D
NAME James McAllister
STREET ADDRESS 2787 E Oakland Park Blvd #204
CITY-ST-ZIP Fort Lauderdale FL 33306

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT, SECRETARY, TREAS
NAME MICHAEL TOWNER
STREET ADDRESS 225 NE MIZNER BLVD #300
CITY-ST-ZIP BOCA RATON FL 33432

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ 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 D TOWNER

4/24/01

561 620 2660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 21, 2001 8:00 am
Secretary of State

05-21-2001 90365 022 ***150.00

769129

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)