2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90012 028 ***150.00

DOCUMENT # P97000057318

1. Entity Name
SCOTT H. PARTRIDGE AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
9495 SUNSET DR. MIAMI FL 33173	PO BOX 561883 MIAMI FL 33256

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9495 SUNSET DR	
Suite, Apt. #, etc.: SUITE B-290	Suite, Apt. #, etc.:
City & State: MIAMI FL	City & State:
Zip: 33173 Country: USA	Zip: Country:

4. FEI Number 65-0771951 ☐ 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
PARTRIDGE, SCOTT H 9495 SUNSET DR. STE. B-290 MIAMI FL 33173	Name Street Address (P.O. Box Number is Not Acceptable) 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

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTRIDGE, SCOTT H 9495 SUNSET DR. MIAMI FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT H. PARTRIDGE 9495 SUNSET DRIVE SUITE B-290 MIAMI FL. 33173 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] SCOTT PARTRIDGE 4-12-01 305-445-9597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #