

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057621

1. Entity Name

SCORPION RISING INC.

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90173 019 ***158.75

Principal Place of Business

1402 E. LAS OLAS BLVD. #105
FT. LAUDERDALE FL 33301

Mailing Address

1402 E. LAS OLAS BLVD. #105
FT. LAUDERDALE FL 33301-2336

2. Principal Place of Business

201 S.W. 16th Ct.

Suite, Apt. #, etc.

3. Mailing Address

1314 E. Las Olas Blvd.

Suite, Apt. #, etc.

#105

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33315

Country

USA

Zip

33301

Country

USA

4. FEI Number

65-0763130

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

PUTESKY, SCOTT M
800 SW 2ND ST.
FT. LAUDERDALE FL 33312

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, 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)

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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PUTESKY, SCOTT M
STREET ADDRESS 1402 E. LAS OLAS BOULEVARD #105
CITY-ST-ZIP FT. LAUDERDALE FL 33301

☒ Delete

TITLE P
NAME Scott M. Putesky
STREET ADDRESS 1314 E. Las Olas Blvd. #105
CITY-ST-ZIP Ft. Lauderdale, FL 33301

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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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:

Scott M. Putesky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2000

Date

954.527.4092

Daytime Phone #

CR2E034 (9/99)