

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000064944**

1. Entity
SCALAWAG, INC.

Principal Place of Business
**8337 ALTON AVENUE
JACKSONVILLE FL 32211**

Mailing Address
**8337 ALTON AVENUE
JACKSONVILLE FL 32211**

2. Principal Place of Business
8125 EBERSOL RD
Suite, Apt. #, etc.

3. Mailing Address
8125 EBERSOL RD
Suite, Apt. #, etc.

City & State
Jacksonville FL
Zip
32216
Country
USA

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Jacksonville FL
Zip
32216
Country
USA

4. FEI Number **59-3460021**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**READ, DENNIS W
8337 ALTON AVENUE
JACKSONVILLE FL 32211**

7. Name and Address of New Registered Agent

Name **READ, DENNIS W**
Street Address (P.O. Box Number is Not Acceptable)
8125 EBERSOL RD
City **Jacksonville** FL Zip Code **32216**

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 *Dennis W. Read* **DENNIS W. READ**

DATE **11-2-01**

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	PTSD READ, DENNIS W 8337 ALTON AVENUE JACKSONVILLE FL 32211	<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
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	PTSD READ, DENNIS W 8125 EBERSOL RD Jacksonville FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004718418-1 -12/11/01--01043--022 ***750.00 ***750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>	<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 907, 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: *Dennis W. Read*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9-14-01**
Daytime Phone **904 612-2390**

FILED
01 NOV -7 PM 1:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT **2001**

0002947 AV

CR2034 (5/01)