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DOCUMENT # P9700081260 1. Entity Name GARY SCOTT INC.							SECRET TALLAH	FILED TARY OF ASSEE, F	STATE LORID	Σ Α	
							OI SEP	25 AM	In: 57		
Principal Place of Business 32237 OKALOOSA TRAIL SORRENTO FL 32776			Mailing Address 32237 OKALOOSA TRAIL SORRENTO FL 32776						10° 0 7		
2. Principal F	Place of Business	· - [3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRI	TE IN THIS S	PACE		
City & State			City & State			4. FEI Number 59-3444472			A	pplied For]
Zip	Cour	itry	Zip	Country		5. Certificat	e of Status Desired		8.75 Ad		
			7. Name an	d Address of New F		ee Require gent	9d				
SCOTT, GARY B					Name						
32237 OKALOOSA TRAIL					Street Address (P.O. Box Number is Not Acceptable)						
	O FL 32776		÷.								1
			•	City				FL	Zip Coo	le	1
8. The above	named entity submit	s this statement for th	e purpose of changing its re	egistered office o	r registere	d agent, or be	oth, in the State of Fl	orida.	J		1
SIGNATURE	Signature hand as winted	name of registered agent and t	tial of any Park I	Registered Agent signat				DATE		<u>-</u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)				FEE IS \$550. 2001 Fee will b	00 e \$750.0	0 10. E	lection Campaign Fir	nancing		00 May Be d to Fees	
11.		OFFICERS AND DIF		12.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	┧_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, GARY B 32237 OKALOOS SORRENTO FL 3		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		é	200004 -10/0 ****	1618 1/010 150.00	1077	-010	F024 (5/
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TITLE NAME			☐ Delete	TITLE NAME				· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	1

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 rike empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

Mydy

September 18, 2001

Division of Corporations P.O. Box 1500 Tallahassee, Fl 32302

Dear Sirs,

We are enclosing a check for \$150.00 for the annual corporation renewal. We apologize for sending it now, but this is the first time that we received the 2001 Uniform Business Report. We have always made our renewals in a timely manner and request that you accept this renewal now.

Thank-you for you attention to this matter.

Sincerely,

Gary Scott Inc.

32237 Okaloosa Trail

Sorrento, Fl 32776

P97000081260