2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000096227

9003 PINE NEEDLE CIRCLE

BRADENTON, FL 34202

Address: City-St-Zip:

Entity Name: SCORPION, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	NEEDLE CIRC ON, FL 34202						
Current Mailing Address:			New Maili	New Mailing Address:			
P.O. BOX BRADENT	20127 ON, FL 34204						
FEI Number	: 65-0799058	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
FAVICCHIO, MICHAEL W 406 SARASOTA QUAY SARASOTA, FL 34236 US			1715 STIC	FAVICCHIO, MICHAEL W 1715 STICKNEY POINT ROAD SARASOTA, FL 34231 US			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts register	red office or registered agent, or both,		
SIGNATURE:				04/30/2002			
	Electron	ic Signature of Registered Age	ent		Date		
		satisfy its Intangible Tax filing req Trust Fund Contribution ().	juirement and elects to d	lo so (X).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () MACOMBER, S 9003 PINE NEE BRADENTON, F	DLE CIRCLE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	S () FAVICCHIO, MI 406 SARASOTA SARASOTA, FL	QUAY	Title: Name: Address: City-St-Zip:	1715 STIC	(X) Change()Addition O, MICHAEL CKNEY POINT ROAD 'A, FL 34231		
Title: Name:	T () MACOMBER, S	Delete ANDRA A	Title: Name:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SANDRA A. MACOMBER PD 04/30/2002