## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000096227

Entity Name: SCORPION, INC.

City-St-Zip:

BRADENTON, FL 34202

FILED Apr 29, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9003 PINE NEEDLE CIRCLE BRADENTON, FL 34202 **Current Mailing Address: New Mailing Address:** P.O. BOX 20127 BRADENTON, FL 34204 FEI Number: 65-0799058 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FAVICCHIO, MICHAEL W 1715 STICKNEY POINT ROAD SARASOTA, FL 34231 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MACOMBER, SANDRA A Name: Name: 9003 PINE NEEDLE CIRCLE Address: Address: City-St-Zip: BRADENTON, FL 34202 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: FAVICCHIO, MICHAEL Name: 1715 STICKNEY POINT ROAD Address: Address: SARASOTA, FL 34231 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition MACOMBER, SANDRA A Name: Name: 9003 PINE NEEDLE CIRCLE Address: Address:

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.

City-St-Zip:

SIGNATURE: SANDRA A. MACOMBER PD 04/29/2003