APPROVED AND FILED

03 AUG 14 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023399

1. Entity Name
R.R. SCOTT LATHING CO., INC.

Principal Place of Business	Mailing Address
ROUTE 1, BOX 191 B POMONA PARK, FL 32181	ROUTE 1, BOX 191 B POMONA PARK, FL 32181

2. Principal Place of Business	3. Mailing Address
141 Lake Street	141 Lake Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pomona Park Fl	City & State: Pomona Park, Fl
Zip: 32181 Country:	Zip: 32181 Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3498304 ☐ 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
SCOTT, ROBERT E ROUTE 1, BOX 191 B POMONA PARK, FL 32181	Name: Street Address (P.O. Box Number is Not Acceptable): 141 Lake Street City: Pomona Park FL Zip Code: 32181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert E. Scott President 11 August 03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCOTT, ROBERT E		NAME	
STREET ADDRESS	ROUTE 1, BOX 191 B		STREET ADDRESS	
CITY-ST-ZIP	POMONA PARK, FL 32181		CITY-ST-ZIP	
TITLE	ST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCOTT, ROBERT V		NAME	
STREET ADDRESS	101 11TH ST.		STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN, FL 32148		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #