

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
 04-14-2001 90016 024 ***150.00

0410136

DOCUMENT # P98000045801

1. Entity Name

SCRAMBLE GROUP, INC.

Principal Place of Business

**5570 BEE RIDGE RD. STE C-2
 SARASOTA FL 34233**

Mailing Address

**5570 BEE RIDGE RD. STE C-2
 SARASOTA FL 34233**

529577



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0837583**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**GIANNINI, ALESSANDRO A
 1512 CARIBBEAN DR
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **GIANNINI, ALESSANDRO A**
 STREET ADDRESS **1512 CARIBBEAN DR**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ Delete
 NAME **STRICKLAND, GEORGE**
 STREET ADDRESS **3745 TORREY PINES BLVD**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ Delete
 NAME **HOSKINSON, FRANCIS B**
 STREET ADDRESS **5570 BEE RIDGE RD, STE C-2**
 CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **ALESSANDRO A GIANNINI**
 STREET ADDRESS **411 VANDERBLOOT DR**
 CITY-ST-ZIP **OSPREY, FL 34229**

TITLE ☐ Change ☐ Addition
 NAME **GEORGE N. STRICKLAND**
 STREET ADDRESS **324 BAYSHORE DR**
 CITY-ST-ZIP **SARASOTA, FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Alex A. Giannini
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 941-377-8028
 Date Daytime Phone #

CR2E034 (10/00)