

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

05-06-2002 90064 037 \*\*\*150.00

FILED  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90064 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number <b>65-0837583</b>	Applied For
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIANNINI, ALESSANDRO A 411 VANDERBLOOT DRIVE OSPREY FL 34229</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STRICKLAND, GEORGE 324 BAYSHORE DRIVE SARASOTA FL 34231</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOSKINSON, FRANCIS B 5570 BEE RIDGE RD, STE C-2 SARASOTA FL 34233</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>D</b> <b>Neftali Munoz 807 US Bypass 41 S Venice, FL 34292</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>D</b> <b>Sundra Munoz 807 US Bypass 41 S Venice, FL 34292</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Alessandro Giannini* 4/22/02 941-377-8028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)