FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 13, 2001 8:00 am DOCUMENT # P98000069911 **Secretary of State** 1. Entity Name SCOOTER'S BAR, INC. 02-13-2001 90065 044 \*\*\*150.00 Principal Place of Business Mailing Address 3486 S. HOPKINS AVE 6135 ASH AVENUE ) GUUSE TITUSVILLE FL 32780 COCOA FL 32927 2. Principal Place of Business 3. Mailing Address 3280 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3525549 rando agrico de romanes de Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ナ٥い MANN, GLEN F 6135 ASH AVENUE COCOA FL 32927 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 CR2E034 (10/00) Delete **Addition** TITLE ☐ Change TITLE Cindy E Johnson MANN, GLEN F NAME NAME 6135 ASH AVENUE STREET ADDRESS STREET ADDRESS Titusville, PL 32796 CITY-ST-ZIP COCOA FL 32927 CITY-ST-7IP TITLE ☐ Delete TITLE Change JOHNSON, MELTON H JR. Shavon L. Mann 3245 Kirby Drive Trosvillift 32796 NAME NAME STREET ADDRESS 3280 TEAL STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796 TITLE Delete TITLE Addition melton H Johnson Jr. 3280 Teal Street NAME STREET ADDRESS STREET ADDRESS Titusville, FL 32796 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MELTON H JOHNSON Je.