

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087117

1. Entity Name

SCART CORPORATION

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90092 033 \*\*\*150.00

Principal Place of Business

1416 N. FERN CREEK Ave.,  
ORLANDO FL 32803

Mailing Address

P.O. BOX 533479  
ORLANDO FL 32853-3479

2. Principal Place of Business

Ferncreek Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3623890

APPLIED FOR

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

BRICE, LINDA R  
1416 N. FERN CREEK Ave  
ORLANDO FL 32803

Name

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

Ferncreek Ave.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DV ☐ Delete  
NAME BRICE, LINDA R  
STREET ADDRESS 1416 N. FERN CREEK Ave.  
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☒ Change ☐ Addition  
NAME Ferncreek Ave.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☒ Delete  
NAME BLAKE, JAMES  
STREET ADDRESS 1416 N FERN CREEK AVE.  
CITY-ST-ZIP ORLANDO FL 32803

TITLE Director ☒ Change ☒ Addition  
NAME Daniel Brice  
STREET ADDRESS 2690 Coral Landings Blvd apt. 334  
CITY-ST-ZIP Palm Harbor, FL 34684

TITLE D ☒ Delete  
NAME NASH, RICK  
STREET ADDRESS 6279 SOUTH PORT DRIVE  
CITY-ST-ZIP FLOWERY BRANCH GA 30542-5350

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Linda Rae Brice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00 407-898-7512

Date

Daytime Phone #

CR2E034 (9/99)