2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000096569**

1. Entity Name
THE SCOPE SHACK, INC.

Principal Place of Business		Mailing Address	
21532 INDIAN BAYOU DR.		21532 INDIAN BAYOU DR.	
FT. MYERS BEACH	FL	FT. MYERS BEACH	FL
33931		33931	

2. Principal Place of Business		3. Mailing Address	
1661 ESTERO BLVD.		1661 ESTERO BLVD.	
Suite, Apt. #, etc.: 4A		Suite, Apt. #, etc.: 4A	
City & State: FT. MYERS BEACH FL		City & State: FT. MYERS BEACH FL	
Zip: 33931	Country:	Zip: 33931	Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0887209** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LONGUA PAUL
21532 INDIAN BAYOU DR.
FT. MYERS BEACH FL
33931

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 ______________ 04/29/2001
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	LONGUA PRISCILLA	
STREET ADDRESS	21532 INDIAN BAYOU DR.	
CITY-ST-ZIP	FT. MYERS BEACH FL 33931	
TITLE	D	☐ Delete
NAME	LONGUA PAUL	
STREET ADDRESS	21532 INDIAN BAYOU DR.	
CITY-ST-ZIP	FT. MYERS BEACH FL 33931	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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: Paul Longua D 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #