

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105369

1. Entity Name

SCOUT DESIGNS, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90003 007 \*\*\*550.00

Principal Place of Business

Mailing Address

163 JOHNNY CAKE DRIVE  
NAPLES FL 34110

163 JOHNNY CAKE DRIVE  
NAPLES FL 34110-1309

2. Principal Place of Business

7056 GROVES Rd.

Suite, Apt. #, etc.

3. Mailing Address

7056 GROVES Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples Florida

Zip

34109

Country

USA

City & State

Naples Florida

Zip

34109

Country

USA

4. FEI Number

59-3549712

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

WICKENDEN, D. KEITH ESQ.  
GRANT, FRIDKIN, PEARSON, AHTAN & CROWN PA  
5551 RIDGEWOOD DRIVE, SUITE 501  
NAPLES FL 34108

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, 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	P	<input type="checkbox"/> Delete
NAME	WICKENDEN, ANNE K	
STREET ADDRESS	163 JOHNNYCAKE DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	S	<input type="checkbox"/> Delete
NAME	WICKENDEN, D. KEITH	
STREET ADDRESS	5551 RIDGEWOOD DR-#501	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wickenden, Anne K.	
STREET ADDRESS	7056 GROVES Rd.	
CITY-ST-ZIP	Naples, FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Anne K. Wickenden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/00

941-513-0130  
Daytime Phone #

CR2E034 (9/99)