

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107651

1. Entity Name

SCOTT QUINN ARCHIBALD, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90077 014 ***150.00

Principal Place of Business

6467 WEST RIVERBEND ROAD
DUNNELLON FL 34433

Mailing Address

6467 WEST RIVERBEND ROAD
DUNNELLON FL 34433-2160

2. Principal Place of Business

P.O. Box 2609
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2609
Suite, Apt. #, etc.

City & State

Dunnellon, FL

City & State

Dunnellon, FL

4. FEI Number

59-3552706

Applied For

Not Applicable

Zip

Country

34430

Marion

Zip

34430

Country

Marion

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

NEDELISKY, DARYL K
1650 NORTHWEST 38 AVE
OCALA FL 34482

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	D	<input type="checkbox"/> Delete
NAME	ARCHIBALD, SCOTT Q	
STREET ADDRESS	6467 WEST RIVERBEND ROAD	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE		<input type="checkbox"/> Delete
NAME	Archibald, Brooke	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 2609	
STREET ADDRESS	Dunnellon, FL	
CITY-ST-ZIP	34430	
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 to this report, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)