

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90099 043 ***150.00

DOCUMENT # P99000005441

1. Entity Name
P.R. HEWETT, INC.



Principal Place of Business
**12001 BELCHER RD
APT H130
LARGO FL 33773**

Mailing Address
**12001 BELCHER RD
APT H130
LARGO FL 33773**

00011401



2. Principal Place of Business

6412 93rd Ter N

3. Mailing Address

6412 93rd Ter N

Suite, Apt. #, etc.

4801

Suite, Apt. #, etc.

4801

☐ CHECK HERE IF MAKING CHANGES

City & State

PINELLAS PARK FL

City & State

PINELLAS PARK FL

4. FEI Number

59-3558585

Applied For

Not Applicable

Zip

33782

Country

US

Zip

33782

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCADRON, SCOTT M
12001 BELCHER RD
APT H130
LARGO FL 33773**

7. Name and Address of New Registered Agent

Name

SCADRON SCOTT M

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

6412 93rd Ter N #4801

City

PINELLAS PARK FL

FL

Zip Code

33782

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SCOTT M SCADRON PRESIDENT

1-28-03

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SCADRON, SCOTT M	
STREET ADDRESS	12001 BELCHER RD #H130	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCADRON, PAULA H	
STREET ADDRESS	12001 BELCHER RD #H130	
CITY-ST-ZIP	LARGO FL 33773	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SCOTT M SCADRON

1-28-03 727.544.4170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)