

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**

00011407



2. Principal Place of Business
**6412 93RD TERN
Suite, Apt. #, etc.
4801**

3. Mailing Address
**6412 93RD TERN
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**

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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 TERN #4801
City **PINELLAS PARK 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 **Scott M Scadron** PRESIDENT DATE **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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: **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)