

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000010419**

1. Entity Name

H. J. SCANLAN, INC.**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90158 003 ***158.75

Principal Place of Business

**2400 NE 16TH ST., #107
POMPANO BCH FL 33062**

Mailing Address

**P. O. BOX 818
POMPANO BCH FL 33061**

00045510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2729 E. OAKLAND PK. BLVD.
Suite, Apt. #, etc.**

3. Mailing Address

**6327-2 BAY CLUB DR.
Suite, Apt. #, etc.**

City & State

FT. LAUDERDALE FL

City & State

FT LAUDERDALE FL

4. FEI Number

65-0899125

Applied For

Not Applicable

Zip

33306

Country

Broward

Zip

33308

Country

Broward

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

**SCANLAN, H.J.
2400 NE 16TH ST., #107
POMPANO BCH FL 33062**

Name

H. J. SCANLAN

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

6327-2 BAY CLUB DR.

City

FT. LAUDERDALE**FL**

Zip Code

33308

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

H. J. SCANLAN, President**4-24-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	SCANLAN, H. J.	2400 NE 16TH ST #107	POMPANO BEACH FL 33062	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P				
	SCANLAN, H. J.	6327-2 BAY CLUB DR.	FT. LAUDERDALE, FL 33308		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

H. J. SCANLAN

Date

4-24-01 954-491-2200

Daytime Phone #

CR2E034 (10/00)