

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90001 009 ***150.00

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DOCUMENT # P99000015396

1. Entity Name
SCOTT COMMUNICATION SYSTEMS, INCORPORATED

Principal Place of Business 5700 NW 17TH AVENUE MIAMI FL 33147	Mailing Address 5700 NW 17TH AVENUE MIAMI FL 33147
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0039684** Applied For ~
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTT, JOE LEWIS
 2728 NW 46TH STREET
 MIAMI FL 33147**

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 _____ (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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SCOTT, JOE LEWIS	2728 NW 46TH STREET	MIAMI FL 33147				
PD	SCOTT JOE LEWIS	2728 N.W. 46 ST	MIAMI FL 33142				
PD	SCOTT JOE LEWIS	2728 N.W. 46 ST	MIAMI FL 33142				
PD	SCOTT JOE LEWIS	2728 N.W. 46 ST	MIAMI FL 33142				
PD	SCOTT JOE LEWIS	2728 N.W. 46 ST	MIAMI FL 33142				
PD	SCOTT JOE LEWIS	2728 N.W. 46 ST	MIAMI FL 33142				

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: Joe Lewis Scott Date: 4-5-01 Daytime Phone #: 305-635-4307

CP2E034 (10/00)