

AMENDED

FILED

03 SEP 24 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000022821					
1. Entity Name NAPOLITANO & SCAGGS REALTY, INC.					
Principal Place of Business 1642 N VOLUSIA AVE SUITE 101 ORANGE CITY, FL 32763			Mailing Address 1642 N VOLUSIA AVE SUITE 101 ORANGE CITY, FL 32763		
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 58-3562558	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCAGGS, MARY ELLEN 1642 N VOLUSIA AVE SUITE 101 ORANGE CITY, FL 32763			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW WITH FEE OF \$160.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.50 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	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SCAGGS, MARY ELLEN		NAME		
STREET ADDRESS	2100 WIGGLEY FARMS RD		STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP		
TITLE	PRESIDENT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Scaggs, Mary Ellen		NAME		
STREET ADDRESS	2100 Wiggley Farms Rd		STREET ADDRESS		
CITY-ST-ZIP	Deltona, FL 32725		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Mary Ellen Scaggs</i>			Date: <i>9-23-03</i> 386-774-5300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

CR2E034 (10/02)