FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 SEP 30 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000025520

1. Entity Name
SCOTT SERVICES GROUP INC

900008211259--1
-10/04/02--01062--007
****550.00 ****550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
103, N. MERIDIAN STREET	103, N. MERIDIAN STREET
Suite, Apt. #, etc.: LOWER LEVEL	Suite, Apt. #, etc.: LOWER LEVEL
City & State: TALLAHASSEE, FLORIDA	City & State: TALLAHASSEE, FLORIDA
Zip: 32315 Country: USA	Zip: 32315 Country: USA

4. FEI Number: 65-1062215 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPDIRECT AGENTS INC
Street Address (P.O. Box Number is Not Acceptable): 103, N. MERIDIAN STREET
LOWER LEVEL
City: TALLAHASSEE FL Zip Code: 32315

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 _____ DATE
Signature required when executing change of registered agent, and not required otherwise. NOTE: Registered Agent signature required when filing this form.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	DP
NAME	MARTIN CHARLES PORTER
STREET ADDRESS	FRANCES HOUSE
CITY-ST-ZIP	SIR WILLIAM PLACE, ST PETER PORT
TITLE	GUERNSEY
NAME	CHANNEL ISLANDS GY1 4HQ
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DV
NAME	MARTYN ERIC RUSSELL
STREET ADDRESS	FRANCES HOUSE
CITY-ST-ZIP	SIR WILLIAM PLACE, ST PETER PORT,
TITLE	GUERNSEY
NAME	CHANNEL ISLANDS GY1 4HQ
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X MARTIN PORTER 1481 731329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)