

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053671

1. Entity Name

SCOOTER SHAK FL, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90037 048 ***150.00

Principal Place of Business

Mailing Address

608 HAMLET COURT
FRUITLAND PARK FL 34731

608 HAMLET COURT
FRUITLAND PARK FL 34731-6626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1729 Indian Trail

1729 Indian Trail

City & State

City & State

Leesburg FL

Leesburg FL

Zip

Country

34748 Lake

Zip

Country

34748 Lake

4. FEI Number

59-3582051

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

WELKE, BRIAN J
3900 LAKE CENTER DRIVE
MT. DORA FL 32757

Name

ROBIN KROEGER

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

1729 INDIAN TRAIL

City

LEESBURG

FL

Zip Code

34748

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:

Robin Kroeger Robin Kroeger

2-6-00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS KROEGER, PATRICK
CITY-ST-ZIP 608 HAMLET COURT
FRUITLAND PARK FL 34731

TITLE ☒ Change ☐ Addition
NAME DP
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS KROEGER, ROBIN
CITY-ST-ZIP 608 HAMLET COURT
FRUITLAND PARK FL 34731

TITLE ☒ Change ☐ Addition
NAME DVST
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Robin Kroeger Robin Kroeger

Date

Daytime Phone #

2-6-00

352-314-9729

CR2E034 (9/99)