

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90155 007 ***150.00

DOCUMENT # P99000053671

1. Entity Name
SCOOTER SHAK FL, INC.

Principal Place of Business

1729 INDIAN TRAIL
 LEESBURG FL 34748

Mailing Address

1729 INDIAN TRAIL
 LEESBURG FL 34748

2. Principal Place of Business

2212 CITRUS BLVD

Suite, Apt. #, etc.

3. Mailing Address

2212 CITRUS BLVD

Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

LEESBURG FL

Zip

Country

34748

Zip

Country

34748

4. FEI Number

59-3582051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KROEGER, ROBIN
1729 INDIAN TRAIL
LEESBURG FL 34748

7. Name and Address of New Registered Agent

Name

KROEGER, ROBIN

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

2212 CITRUS BLVD.

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*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-01

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	KROEGER, PATRICK	
STREET ADDRESS	608 HAMLET COURT	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	DVST	<input type="checkbox"/> Delete
NAME	KROEGER, ROBIN	
STREET ADDRESS	608 HAMLET COURT	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01
 Date

352-314-9129
 Daytime Phone #

CR2E034 (10/00)