

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073191

1. Entity Name

SCOOTER OUTLET & SUPPLIES, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90056 019 ***150.00

Principal Place of Business 4650 SOUTH CLEVELAND AVENUE UNIT 2-B FORT MYERS FL 33907	Mailing Address 4650 SOUTH CLEVELAND AVENUE UNIT 2-B FORT MYERS FL 33907-1372
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3300 9th ST N Suite, Apt. #, etc.	3. Mailing Address 3300 9th ST N Suite, Apt. #, etc.
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City & State ST. PETERSBURG FL.	City & State ST. PETERSBURG FL	4. FEI Number 59-3593237	Applied For <input checked="" type="checkbox"/> Not
Zip 33704	Country USA	Zip 33704	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WOLFE, H. GEORGE JR. 18429 SE WOOD HAVEN LANE PINEHURST G. RIVERBEND TEQUESTA FL 33469
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOLFE, H. GEORGE JR. 18429 SE WOOD HAVEN LANE TEQUESTA FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOLFE, BETTY L 18429 SE WOOD HAVEN LANE TEQUESTA FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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

SIGNATURE: H. George Wolfe Jr. 2/1/00 727-820-9101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #