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

## P99000078179 **DOCUMENT #**

1. Entity Name

SCOTT R. SANDERS & ASSOCIATES, INC.



## **FILED** Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90164 022 \*\*\*150.00

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Principal Place of Business 424 LEEWARD ISLAND CLEARWATER FL 33767			Mailing Address 424 LEEWARD ISLAND CLEARWATER FL 33767					2 1881/881 2/0 181/8 2021/ 002/1 882/1 0	1711 <b>18</b> 171 1 <b>888</b> 1 181 <b>8</b> 1 188		
2. Principal F	Place of Busin	ess	<b>3.</b> Ma	3. Mailing Address							
Suite, Apt.	. #, etc.		Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	te	City	City & State			4.	4. FEI Number 59-3597954 Applied For Not Applicable				
Zip Country			Zip		Coun	ntry	5.	5. Certificate of Status Desired Sta			1
	and Address of Curre	nt Register	ed Agent			7.	Name and Address of New Regi			1	
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	, SCOTT R		المستعلقينية والمعتملية المستواد المستعلق			Street Address (P.O. Box Number is Not Acceptable)					
	/ard Islani Ater FL 337							<u> </u>			-
	:				City	***		FL Zip Co	ode	1	
<b>8.</b> The above the obligat	e named entity tions of registe	submits this statement red agent.	for the purp	pose of changing its	registere	ed office or regis	stered a	gent, or both, in the State of Florida	a. I am familiar with	n, and accept	-
SIGNATURE .		r printed name of registered age	ent and title if any	nicable (NOTE	- Bacietara	d Agent signature requ	dred when	(directation)	DATE		
	Signature, typec c	r printed name or registered age	and the it app	Jilicabia: (NOTE	negistere	a Agent signature requ	uirea when	reinstaung)	DATE		_
Afte	r May 1, 200:	FEE IS \$150.00 3 Fee will be \$550.0						9. Election Campaign Financ Trust Fund Contribution.		00 May Be	
Make Check	c Payable to	Florida Department	of State					rust i dila Contribution.	L Aug	ed to rees	
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12. I hereby c	ertify that the	nformation supplied wi	th this filing	does not qualify for	the exer	notion stated in	Section	119.07(3)(i), Florida Statutes. í furt	her 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.

EOSERTO R SIGNATURE: