

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000086176

FILED  
Mar 16, 2002 8:00 AM  
Secretary of State

Entity Name: SCOTT M. ROSE & ASSOCIATES, INC.

**Current Principal Place of Business:**

6955 HANGING MOSS ROAD  
SUITE 100  
ORLANDO, FL 32807

**New Principal Place of Business:**

**Current Mailing Address:**

6955 HANGING MOSS ROAD  
SUITE 100  
ORLANDO, FL 32807

**New Mailing Address:**

FEI Number: 59-3604943      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSE, SCOTT M  
6955 HANGING MOSS ROAD  
SUITE 100  
ORLANDO, FL 32807 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROSE, SCOTT M  
Address: 10856 PIPING ROCK CIRCLE  
City-St-Zip: ORLANDO, FL 32817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT M ROSE

PRES

03/16/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date