

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90048 027 ***150.00

DOCUMENT # P99000086765

1. Entity Name
SCALF ENTERPRISES, INC.

Principal Place of Business
**7100 SANDALWOOD DRIVE
 PORT RICHEY FL 34668-5618**

Mailing Address
**7100 SANDALWOOD DRIVE
 PORT RICHEY FL 34668-5618**

2. Principal Place of Business
GNC HOLIDAY MALL

3. Mailing Address

Suite, Apt. #, etc.
SCALF ENTERPRISES, INC.

City & State
**3340 U.S. HWY 19
 HOLIDAY, FL 34691
 (727) 848-3238**

City & State

Zip
USA

Zip

Country
PASCO

4. FEI Number **59-3600885**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

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

City

FL

Zip Code

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 *Derwin L. Scalp*
 Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/2001
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCALPH, PAUL J	
STREET ADDRESS	7100 SANDALWOOD DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668-5618	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCALPH, DERWIN L SR.	
STREET ADDRESS	7100 SANDALWOOD DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668-5618	
TITLE		<input type="checkbox"/> Delete
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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: *Derwin L. Scalp* *2/23/2001* *727-848-3238*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)