


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90069 048 ***150.00

DOCUMENT # P99000100483

1. Entity Name
MAURICE J. SCOTT, INC.



Principal Place of Business
**4615 W. LOUGHMAN STREET
TAMPA FL 33616**

Mailing Address
**4615 W. LOUGHMAN STREET
TAMPA FL 33616**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3607386**

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

6. Name and Address of Current Registered Agent
**SALEM, ALBERT M III
4600 WEST KENNEDY BLVD.
TAMPA FL 33609**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOTT, MAURICE J 4615 WEST LOUGHMAN ST. TAMPA FL 33616	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paul Willenbring 4615 West Loughman St. Tampa, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOTT, TERESA C 4615 W LAUGHMAN ST TAMPA FL 33616	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Randall Dean Alvarez 4615 West Loughman St. Tampa, FL 33616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, TERESA C 4615 WEST LOUGHMAN ST. TAMPA FL 33616	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maurice J. Scott* **2/10/03** **813-832-8306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)