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

## P99000109187 **DOCUMENT #**

1. Entity Name



**FILED** Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90125 003 \*\*\*150 00

R.B. SC	COTT & SON, INC.				02-20-2003 90.	123 003 1	30.00	
Principal Place of Business 7119 NW 107TH AVE. TAMARAC FL 33321  Mailing Address 7119 NW 107TH AVE. TAMARAC FL 33321  TAMARAC FL 33321								
Principal Place of Business     3. Mailing Address								
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State		City & State			4. FEI Number			
Zip	Country	Zip	Countr	v	65-0979843		Applied For Not Applicable	
<del></del>	6 Name and Address of Co.			· <del></del>	5. Certificate of Status Desired	□ \$8.75 / -Fee Requ	Additional ired	
	6. Name and Address of Curr	rent Hegistered Agent		N	7. Name and Address of New Regis	tered Agent		
WHITE, I	ROBERT A		ĺ	Name	,			
1401 UN	1401 UNIVERSITY DR., SUITE 600				Street Address (P.O. Box Number is Not Acceptable)			
CURAL	SPRINGS FL 33071							
				City		FL Zip Co	ode ·	
8. The above the obligation	e named entity submits this statemen ations of registered agent.	nt for the purpose of changing	g its registered	office or registere	d agent, or both, in the State of Florida.	I am familiar with	h, and accept	
SIGNATURE								
	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registered A	gent signature required w	hen reinstating)	DATE		
Afte	FILE NOW!!! FEE IS \$150.00 Ir May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	00 t of State			Election Campaign Financin     Trust Fund Contribution.		00 May Be	
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS (CHANGES TO DETAIL		1	
TITLE NAME	PD COOTE DOWN	☐ Delete	TITLE		ADDITIONS/CHANGES TO OFFICERS			
STREET ADDRESS	SCOTT, RON B 7119 NW 107TH AVE.		NAME			☐ Change	Addition   8	
CITY-ST-ZIP	TAMARAC FL 33321		STREET A				☐ Addition S	
TITLE NAME		☐ Delete	TITLE			☐ Change	- I Addition S	
STREET ADDRESS			NAME			□ Glange	☐ Addition   8	
CITY-ST-ZIP			STREET AL					
TITLE		☐ Delete	TITLE		<u> </u>	- · · · · · · · · · · · · · · · · · · ·		
NAME STREET ADDRESS			NAME			☐ Change	☐ Addition	
CITY-ST-ZIP			STREET AD CITY-ST-2					
TITLE		Delete	TITLE	<u> </u>				
NAME STREET ADDRESS			NAME			☐ Change	☐ Addition	
CITY-ST-ZIP	. •		STREET AD					
TITLE		Delete	CITY-ST-Z	JP			_	
NAME		LJ Delete	NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADO	DRESS				
TITLE			CITY-ST-ZI	IP				
NAME		☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS			NAME	}				

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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND DIFFER PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #