SECOND NO	TIÇE: CORPORATION WILL	BE DISSOLVI	ED ON OR AFTER	R SEPTEMBER 15, 1	999.		
COR	PROFIT RPORATION JAL REPORT	F DISSOLVED, M	FLORIDA DEPA Kather	TO REINSTATE: \$750).  RTMENT OF STATE  ine Harris  ry of State	FII	"ED	
1999 DIVISION OF CORPORATIONS					S9 JUL -6 M10: 07		
DOCUMENT #							
1. Corporation Name S37005					TALLAHASSEE, FLORIDA		
160 SCARLET, INC.							
Principal Place of Business Mailing Address						2210  0    0    0    0     0	
160 SCARLET BLVD 160 SCARLET BLVD OLDSMAR FL 34677 OLDSMAR FL 34677							
OLDSMAN PE 34677					DO NOT W	DO NOT WRITE IN THIS SPACE	
					<ol> <li>Date Incorporated or Qualif</li> <li>03/07/1991</li> </ol>	ed	
	lace of Business	2a. M	laiting Address		4. FEI Number	Applied For	
Suite, Apt.	# etc	26	uite, Apt. #, etc.		65-0259590	Not Applicable \$8.75 Additional	
22	·····	27	ине, жрт. ж, втс.		5. Certificate of Status Desired	Fee Required	
City & Stat	e	28	ity & State		Election Campaign Financir     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zi	p	Country	8. This corporation owes the c	urrent year	
24	9. Name and Address of Cu	29   Irrent Register	ed Agent	30	Intangible Personal Propert  10. Name and Address of Nev		
JACOBS, PAUL  B1 Name ACOBS , PAUL							
12203 TWIN BRANCH ACRES RD 82 Street Address					ddress (P.O. Box Number is Not Acce	ptable)	
JAMPA FL 83626							
				84 City		B5 Zip,Code	
11. Pursuant to the provisions of sections 607,0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registers	d agent and title If app	plicable (NO	TE: Registered Agent signature	required when reinstating)	DATE	
12.		S AND DIRECT	ORS	13.		OFFICERS AND DIRECTORS IN 12	
TITLE NAME	PD Jacobs, Paul		L DELETE	1.1 TITLE 1.2 NAME		Change Addition	
STREET ADDRESS	12203 TWIN BRANCH AC	RES		1.3 STREET ADORESS			
CITY-ST-ZIP TITLE	TAMPA FL D	<del></del>	<u> </u>	1.4 CITY-ST-ZIP 2.1 TITLE			
NAME	JACOBS, CHARLES		TT DEFELE	2.2 NAME		Change Addition	
STREET ADORESS	2548 DEER RUN EAST			2 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	CLEARWAER FL O		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			
NAME	COOPER, BRENT			3 2 NAME		Change Addition	
STREET ADDRESS	15540 DONZI DR HUDSON FL 34667			3 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	HUUSUN FL 3400/		DELETE	3.4 CiTY-ST-ZiP 4.1 TiTLE		Change Addition	
NAME				4.2 NAME		Stillings Abdulton	
\$TREET ADDRESS CITY-ST-ZIP				4.3 STREET ADDRESS			
TITLE			DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME				5.2 NAME			
STREET ADDRESS CITY-ST-ZIP				5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE			DELETE	6.1 TITLE		Change Addition	
NAME ATREET ADODESS				6.2 NAME		CD.	
STREET ADDRESS CITY-ST-ZIP				6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	2/20/99 9000	R DD5 150.00	
14 I hereby ce	rtify that the information supplied in this annual report or supplementations.	with this filing d	loes not qualify for th	a exemption stated in a	section 119.07(3)(i), Florida Statutes. It	further partiful that the information	
an officer of In Block 12	or director of the corporation or the or Block 13 if changed, or on an	e regeiver or tru	usted empowered to	execute this report as	ure shall have the same legal effect as required by Chapter 607, Florida State	ites; and that my name appears	
YGNAT		15	51-	_ <u>`</u> 3	19/99 7/2/99	813/854-5247	

## the JACOBS GROUP, inc.

160 SCARLET BOULEVARD

OLDSMAR, FLORIDA 34677

(813) 854-5297

FAX (813) 855-8821

July 2, 1999

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE:

160 SCARLET, INC. 160 SCARLET BLVD. OLDSMAR, FL 34677

REF, NUMBER: S37005

## Please note the following:

- 1. January 27, 1999 The original report and payment of \$150.00 was mailed.
- 2. March 8, 1999 You sent notice that the report was not signed.
- 3. March 19, 1999 We returned the report signed.
- 4. April 5, 1999 You sent notice that the report had not been filed due to payment.
- 5. April 8, 1999 We received our bank statement with our canceled check from your department.
- 6. April 8, 1999 Called your office, spoke with Leslie, she said to disregard notice, she said check was credited to our account upon receipt of signed report.
- 7. June 30, 1999 Received notice from your office that report had not been filed and corporation would be resolved in 60 days.
- 8. July 1, 1999 Called your office, spoke with Kristen, was told report had not been filed, to sign paper again and return report to PO Box 6327, Tallahassee, FL 32314, and they would file report, but that it was shown as paid.

Enclosed again, is the signed report and a copy of the canceled check. If you should need any other information to finalize this matter, please do not hesitate to call.

Sincerely yours,

Paul S. Jacobs

PSŲ:rsp

**Enclosures**