

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S67404**

1. Entity Name
LORRAINE SCOTT INC.

Principal Place of Business

**349 E PALMETTO PK RD
349
BOCA RATON FL 33432**

Mailing Address

**349 E PALMETTO PK RD
349
BOCA RATON FL 33432
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0273794

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

**SCOTT, LORRAINE
1401 S OCEAN BLVD.
POMPANO BCH. FL 33062**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete
NAME **D SCOTT, LORRAINE**
STREET ADDRESS **1401 S OCEAN BLVD. #609**
CITY-ST-ZIP **POMPANO BCH. FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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: **LORRAINE SCOTT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/01 **561-368-1400**
Date Daytime Phone #

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90238 028 ***150.00



DO NOT WRITE IN THIS SPACE

007628 AV

CR2E034 (5/01)



Four Star Realty of Boca Raton

Licensed Real Estate Brokers

Attachment
of S67404
A0082973

August 23, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

re: Document #S67404

To Whom it may concern:

I am submitting my Uniform Business Report with a check for \$150.00. I never received the original notice that was sent in January.

I had been hospitalized in February & March due to a serious illness, and was not able to oversee every aspect of my business. Apparently, this item was never presented to me for payment.

I respectfully ask that you please accept my \$150.00 as payment in full for my corporation renewal.

Thank you in advance for your consideration.

Lorraine Scott

Sincerely,

Lorraine Scott