

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90044 016 ***150.00

DOCUMENT # V19014

1. Entity Name

SCALLOP COVE G. G. G., INCORPORATED

Principal Place of Business

SR 1. BOX 403
(5 MILES WEST ON CAPE SAN BLAS ROAD)
PORT ST. JOE FL 32456

Mailing Address

4320 CAPE SAN BLAS RD
PT ST JOE FL 32456
US

2. Principal Place of Business

4310 Cape San Blas Rd

Suite, Apt. #, etc.

3. Mailing Address

4310 Cape San Blas Rd

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

City & State

Port St. Joe, FL

Zip

32456

Country

Gulf

Zip

32456

Country

Gulf

4. FEI Number

59-3112614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PICKETT, REBA W

4320 CAPE SAN BLAS RD

5 MILES WEST ON CAPE SAN BLAS ROAD

PT ST JOE FL 32456

7. Name and Address of New Registered Agent

Name

Nina M. Morrow

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

4310 Cape San Blas Rd.

City

Port St. Joe,

FL

Zip Code

32456

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

Nina M. Morrow Nina M. Morrow

01-19-01

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 \$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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	PICKETT, REBA W	
STREET ADDRESS	HCI BOX 403 NA - CAPE SAN BLAS RD	
CITY-ST-ZIP	PORT ST JOE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nina M. Morrow	
STREET ADDRESS	5540 Cape San Blas Rd,	
CITY-ST-ZIP	Port St. Joe, FL. 32456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Nina M. Morrow Nina M. Morrow

Date

Daytime Phone #

01-19-01 850-227-3682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

0465690