

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V63138

1. Entity Name

ALL DISCOUNT AUTO INSURANCE, INC.

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90005 019 \*\*\*150.00

0614331

Principal Place of Business

2020 S COMBEE RD  
STE 4  
LAKELAND FL 33801  
US

Mailing Address

C/O FOOTE  
P OBOX 590211  
ORLANDO FL 32859  
US

2. Principal Place of Business

2443 Hwy. 98 North

Suite, Apt. #, etc.

3. Mailing Address

2443 Hwy 98 North

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

65-0358494

Applied For

Not Applicable

Zip

33805

Country

Polk

Zip

33805

Country

Polk

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCARBORO, KAYTON  
2123 HWY. 98 N.  
LAKELAND FL 33805

7. Name and Address of New Registered Agent

Name  
Kayton Scarboro

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

2443 Hwy. 98 North

City

Lakeland

FL

Zip Code

33805

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 Kayton Scarboro

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/01

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 PD  
NAME SCARBORO, KAYTON  
STREET ADDRESS 2443 HWY 98 N  
CITY-ST-ZIP LAKELAND FL 33805 ☐ Delete

TITLE S  
NAME SCARBORO, JULIE  
STREET ADDRESS 2443 HWY 98 N  
CITY-ST-ZIP LAKELAND FL 33805 ☐ Delete

TITLE VPT  
NAME SCARBORO, KAYTONN D  
STREET ADDRESS 2443 HWY 98 N  
CITY-ST-ZIP LAKELAND FL 33805 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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: Kayton D. Scarboro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/01 (888) 687-7157

CR2E034 (10/00)