

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90065 004 \*\*\*150.00

**DOCUMENT # V70862**

1. Entity Name  
**SCRATCH ENTERPRISES INC.**

Principal Place of Business  
**5109-J NW 39TH AVE**  
**GAINESVILLE FL 32606**

Mailing Address  
**5109-J NW 39TH AVE**  
**GAINESVILLE FL 32606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4421 NW 36 DRIVE**  
 Suite, Apt. #, etc.  
**9 REGAN**  
 City & State  
**GAINESVILLE FL**  
 Zip  
**32605-5424**

Country  
**USA**

3. Mailing Address  
**9 REGAN**  
 Suite, Apt. #, etc.  
**4421 N.W. 36 DRIVE**  
 City & State  
**GAINESVILLE FL**  
 Zip  
**32605-5424**

Country  
**USA**

4. FEI Number **59-3145345**

Applied For   
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**REGAN, DONALD J**  
**5109-J NW 39TH AVE**  
**GAINESVILLE-FL-32606**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4421 NW 36 DRIVE**  
 City **Gainesville** **FL** Zip Code **32605-5424**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD</b> <b>REGAN, DONALD J</b> <b>4421 NW 36 DR</b> <b>GAINESVILLE FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD</b> <b>REGAN, LAURE K</b> <b>4421 NW 36 DR</b> <b>GAINESVILLE FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>YOUNG, DONALD G</b> <b>14501 NW 153 TERR</b> <b>ALACHUA FL 32616</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VP</b> <b>AKEY, MICHAEL J</b> <b>941 NW 118TH TERR</b> <b>GAINESVILLE FL 32606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S</b> <b>AKEY, MELISSA A</b> <b>941 NW 118TH TERR</b> <b>GAINESVILLE FL 32606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Donald J. Regan* **REGAN, DONALD J** **4-15-02** **3523759006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)