

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90199 005 ***158.75

DOCUMENT # 293433

1. Entity Name
SCOTT BRIDGE COMPANY, INC.



Principal Place of Business
**614 SECOND AVE
OPELIKA AL 36801
US**

Mailing Address
**PO BOX 2000
OPELIKA AL 36803-2000
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **63-0500583**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCOTT, I. J. III	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA AL 36801	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWARTHOUT, GERARD III	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA AL 36801	
TITLE	TDV	<input type="checkbox"/> Delete
NAME	SCOTT, WILLIAM M	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA AL 36801	
TITLE	CED	<input type="checkbox"/> Delete
NAME	SCOTT III, I J	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA AL 36801	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	SWARTHOUT, GERARD III	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA AL 36801	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TERRELL, MICHAEL E	
STREET ADDRESS	614 SECOND AVE	
CITY-ST-ZIP	OPELIKA AL 36801	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 Date

334) 749-5045 Daytime Phone #

CR2E034 (10/02)