

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031929

Entity Name: S.C.P.S., INC.**Current Principal Place of Business:**1315 LPGA BLVD
SUITE B
HOLLY HILL, FL 32117**Current Mailing Address:**P.O. BOX 730719
ORMOND BEACH, FL 32173**FEI Number:** 59-3718900**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIZEMORE, CLAUDIA
1315 LPGA BLVD. STE B
HOLLY HILL, FL 32117 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	SIZEMORE, CLAUDIA
Address	P.O. BOX 730719
City-State-Zip:	ORMOND BEACH FL 32173

Title	PST
Name	SIZEMORE, SCOTT
Address	P.O. BOX 731943
City-State-Zip:	ORMOND BEACH FL 32173

Title	VP
Name	SIZEMORE, JUSTIN A
Address	PO BOX 730719
City-State-Zip:	ORMOND BEACH FL 32173-0719

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT A SIZEMORE

PRESIDENT

04/01/2019

Electronic Signature of Signing Officer/Director Detail_____
Date