Amendment
ORIGINAL Previously Filed
Doc # 225179

03 APR 28 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 225179

1. Entity Name
S & C DEVELOPMENT CORP

Principal Place of Business	Mailing Address
~~10850 SW 88 ST~~ ~~SUITE~~ 302 ~~MIAMI, FL~~ 33176 US	~~10850 SW 88~~ ST ~~SUITE~~ 302 ~~MIAMI, FL~~ 33176 US

2. Principal Place of Business	3. Mailing Address
430 Bentwood DR	430 BENTWOOD DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Leesburg, FL	City & State: LEESBURG, FL
Zip: 34748 Country: LAKE	Zip: 34748 Country: LAKE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-6070725 ☐ Applied For ☐ Not Applicable

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
CRAMER, LOWELL ~~10850 SW 88 ST~~ ~~SUITE~~ 302 ~~MIAMI, FL~~ 33176	Name:
	Street Address (P.O. Box Number is Not Acceptable): 430 BENTWOOD DR
	City: LEESBURG FL Zip Code: 34748

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: Lowell Cramer 4/18/03
Signature, typed or printed name of registered agent and title if applicable. (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	PD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	CRAMER, LOWELL	NAME	
STREET ADDRESS	~~10850 SW 88 ST #302~~	STREET ADDRESS	430 BENTWOOD DR
CITY-ST-ZIP	~~MIAMI, FL 33176~~	CITY-ST-ZIP	Leesburg, FL 34748
TITLE	VTSD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	SINGER, PAMELA J	NAME	
STREET ADDRESS	~~9740 SW 72ND AVENUE~~	STREET ADDRESS	430 Bentwood DR
CITY-ST-ZIP	~~MIAMI, FL 33156~~	CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

600018458036
05/07/03--01085--002 **61.25

CR2E034 (10/02)

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: Lowell Cramer 4/18/03 (305)665-3983
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/29