

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90284 035 ***150.00

DOCUMENT # 377406

1. Entity Name

S.C.S., INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1601 N. PALM AVENUE

Suite, Apt. #, etc.
308

City & State
PEMBROKE PINES, FL

Zip
33026

Country
USA

3. Mailing Address
1601 N. PALM AVENUE

Suite, Apt. #, etc.
308

City & State
PEMBROKE PINES, FL

Zip
33026

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1454956

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PETE SANTI, JR.

Street Address (P.O. Box Number is Not Acceptable)
1601 N. PALM AVE.

STE. 308

City
PEMBROKE PINES

FL

Zip Code
33026

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

DOUGLAS SANTI

4/26/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ROSE SANTI
1601 N. PALM AVE., STE. 308
PEMBROKE PINES, FL 33026

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DOUGLAS SANTI
1601 N. PALM AVE., STE. 308
PEMBROKE PINES, FL 33026

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DOUGLAS SANTI - DIR.

4/26/2004

954-885-0885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034R 112103