

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91549 047 ***150.00

DOCUMENT # 625279

1. Entity Name
SCUDDERS, INC.

Principal Place of Business
4645 EAST SILVER SPRINGS BLVD.
OCALA FL 34470
US

Mailing Address
P.O. BOX 246
SILVER SPRINGS FL 34489

C0068254



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1910771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOZIER, G. SHEPPARD 9 NE FRIST AVENUE OCALA FL 34470		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUDDER, FRANK A J	NAME	
STREET ADDRESS	4645 EAST SILVER SPRINGS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUDDER, JOAN S.	NAME	
STREET ADDRESS	4645 EAST SILVER SPRINGS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP	
TITLE	VP D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUDDER, LINDA G	NAME	
STREET ADDRESS	4645 EAST SILVER SPRINGS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKALEW, MARLENE S	NAME	
STREET ADDRESS	4645 EAST SILVER SPRINGS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUDDER, TODD S	NAME	
STREET ADDRESS	4645 EAST SILVER SPRINGS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP	
TITLE	CEO	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCUDDER, FRANK A	NAME	
STREET ADDRESS	4645 EAST SILVER SPRINGS BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	CITY-ST-ZIP	

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 *Frank A. Scudder* **4/30/01** Date
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)