2002 UNIFORM: BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State 664933 DOCUMENT # 1. Entity Names SCR REALTY, INC. 04-23-2002 90382 002 ***158.75 Principal Place of Business Mailing Address 3952 MERLIN DR. 3952 MERLIN DR. SUITE 2 SUITE 2 KISSIMMEE FL 34741 KISSIMMEE FL 34741 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2149064 Not Applicable Zip Country Zip Country \$8.75 Additional ſ¥ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISCHER, MARGARET H Street Address (P.O. Box Number is Not Acceptable) 4548 PKEASANT XHIX XHOADX 8 FEXXIVIX X 3952 Merlin Drive STEXA 108X Suite #2. KISSIMMEK ¥K 34750X Kissimmee, FL 34741 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Addition FISCHER, LOUIS E 4545 PLEASANT HILL HID XSTEX \$ 108 NAME NAME 3952 Merlin Drive Suite 2 STREET ADDRESS STREET ADDRESS KKSSIMMEE FOX 34769 Kissimmee, FL 34741 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE X Change ☐ Addition FISCHER, MARGARET H NAME NAME STREET ADDRESS 4545K PUZASANTK HIKK RID XXXIX X4408 STREET ADDRESS 3952 Merlin Drive Suite 2 KISSIMMEEK RIX 34789K X CITY-ST-ZIP CITY-ST-ZIP Kissimmee, FL 34741 TITLE ☐ Delete -TITLE - ---Change ☐ Addition MCDANIEL. LARRY R NAME NAME STREET ADDRESS **495 COUNTRY CLUB DR** STREET ADDRESS TITUSVILLE FL 32780 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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

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

FILED