

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90633 049 ***158.75

0593341 AV

DOCUMENT # 664933

1. Entity Name
SCR REALTY, INC.



Principal Place of Business 3952 MERLIN DR. SUITE 2 KISSIMMEE FL 34741 US	Mailing Address 3952 MERLIN DR. SUITE 2 KISSIMMEE FL 34741 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State	City & State	4. FEI Number 59-2149064	Applied For <input type="checkbox"/>
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**FISCHER, MARGARET H
3952 MERLIN DR., STE 2
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent
Name **Corporation Company of Miami
c/o Shutts and Bowen LLP**
Street Address (P.O. Box Number is Not Acceptable)
**201 South Biscayne Boulevard
Suite 1500**
City **Miami** FL Zip Code **33131**

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 *Catherine G. Zaccardo* DATE **3/25/03**
Signature, check or printed name of registered agent and file applicable (NOTE: Registered Agent signature required when reinstating) **Catherine G. Zaccardo, Assistant Secretary**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISCHER, LOUIS E 3952 MERLIN DR., STE 2 KISSIMMEE FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FISCHER, MARGARET H 3952 MERLIN DR., STE 2 KISSIMMEE FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDANIEL, LARRY R 495 COUNTRY CLUB DR TITUSVILLE FL 32780 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another, or empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **04/15/03** Daytime Phone # **407.847.9700**

CR2E034 (10/02)