2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2001 8:00 am Secretary of State DOCUMENT # 731279 1. Entity Name SCARC, INC. 02-28-2001 90082 004 ****61.25 Principal Place of Business Mailing Address 213 W MCCOLLUM AVE 213 W MCCOLLUM AVE BUSHNELL FL 33513 BUSHNELL FL 33513 31476 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1556200 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) THORNTON, RANDALL N E. HIGHWAY 470 LAKE PANASOFFKEE FL 33538 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITL F Delete PRESIDENT ☐ Change **Addition** NAME BOSTIC, JACKIE NAME ED SLATE STREET ADDRESS Solo West Mobile Are, Lot 193 339 YOUNG CIRCLE STREET ADDRESS CR2E037 CITY-ST-7IP CITY-ST-ZIP WILDWOOD FL 34785 BULLYNON PL 33513 TITLE D 🜠 Detete TITLE Socretary DeborahoLard ☐ Change Addition NAME RICE, MARTH JO NAME STREET ADDRESS 116 BROAD ST STREET ADDRESS 339 young circle Willeman R. 34785 CITY-ST-ZIP BUSHNELL FL CITY-ST-ZIP TITLE Delete TITLE DIRECTOR Change ■ Addition JOHNSON, MERILYN NAME MAME Werlan Doposon STREET ADDRESS 4195 C 575 -STREET ADDRESS 1195 c 575 Bushwell, R. 33513 CITY-ST-ZIP BUSHNELL FL 33513 CITY-ST-ZIP TITLE Ð TITLE V Delete Director ☐ Change ■Addition NAME MURPHY, WINNIE 320 W Belt Are, POB 134 NAME STREET ADDRESS 317 NORTH MARKET STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BUSNELL FL 33513 ushrell a 33512 ☐ Delete TITLE ☐ Change Addition MAME HUDDLESTON, BILL NAME STREET ADDRESS **E HWY 476** STREET ADDRESS CITY-ST-712 CITY-ST-ZIP **BUSHNELL FI** TOTALE ☐ Delete TITLE ☐ Change ☐ Addition NAME CARROLL YVONNE NAME STREET ADDRESS **821 LEE STREET** STREET ADDRESS CITY-ST-ZIP WILDWOOD FL 34785 CITY-ST-ZIP 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 617, 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 row wered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR