

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731279

1. Entity Name

SCARC, INC.

Principal Place of Business

213 W MCCOLLUM AVE
BUSHNELL FL 33513

Mailing Address

213 W MCCOLLUM AVE
BUSHNELL FL 33513

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

59-1556200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

THORNTON, RANDALL N
E. HIGHWAY 470
LAKE PANASOFFKEE FL 33538

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS SLATE, ED
CITY-ST-ZIP 506 WEST NOBLE AVE LOT 193
BUSHNELL FL 33513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS LORD, DEBORAH
CITY-ST-ZIP 339 YOUNG CIRCLE
WILDWOOD FL 34785

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS JOHNSON, MERILYN
CITY-ST-ZIP 4195 C 575
BUSHNELL FL 33513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS ADAMS, LINDA
CITY-ST-ZIP 320 W BELT AVE POB 134
BUSNELL FL 33513

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS HUDDLESTON, BILL
CITY-ST-ZIP E HWY 476
BUSHNELL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VP
STREET ADDRESS CARROLL, YVONNE
CITY-ST-ZIP 821 LEE STREET
WILDWOOD FL 34785

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 empowered.

SIGNATURE: *E. SLATE* REQUIRE @ D SLATE, PRESIDENT 2/8/02 352/713-5152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90146 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)