

2000 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 06, 2000 8:00 am
Secretary of State

08-10-2000 90010 042 ****61.25

DOCUMENT # 739555

1. Entity Name

S.C.A., INC.

(R)

Principal Place of Business

2700 CORAL SPRINGS DRIVE
 #307 101
 CORAL SPRINGS FL 33065
 US

Mailing Address

2700 CORAL SPRINGS DRIVE
 #307 101
 CORAL SPRINGS FL 33065
 US

2. Principal Place of Business

2700 Coral Springs Drive
 Suite, Apt. #, etc.
 #101

3. Mailing Address

2700 Coral Springs Drive
 Suite, Apt. #, etc.
 #101

City & State

Coral Springs Fla.
 Zip 33065 Country U.S.

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Coral Springs Fla.
 Zip 33065 Country U.S.

4. FEI Number

59-1876569

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRANK P. BULGER
 2700 CORAL SPRINGS DRIVE #307
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name Mary J. McGinnis
 Street Address (P.O. Box Number is Not Acceptable) 2700 Coral Springs Dr. #101
 City Coral Springs FL Zip Code 33065

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

Mary J. McGinnis

(NOTE: Registered Agent signature required when reinstating)

8-8-00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FRANK P. BULGER	
STREET ADDRESS	2700 CORAL SPRINGS DRIVE, #307	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PAULA SKORNICKI	
STREET ADDRESS	2700 CORAL SPRINGS DR., #212	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MEYERS, MONICA & JOEL	
STREET ADDRESS	2700 CORAL SPRINGS DRIVE SUITE 210	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MARGARET E. MCANDREWS	
STREET ADDRESS	2700 CORAL SPRINGS DR., #111	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	JUNE ELIAS	
STREET ADDRESS	2700 CORAL SPRINGS DR., #213	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres. PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary J. McGinnis	
STREET ADDRESS	2700 Coral Springs Dr. #101	
CITY-ST-ZIP	Coral Springs Fla.	
TITLE	Vice Pres. VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Toni Cuomo	
STREET ADDRESS	2700 Coral Springs Dr. #205	
CITY-ST-ZIP	Coral Springs Fla.	
TITLE	Treas. TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John G. Fenton	
STREET ADDRESS	2700 Coral Springs Dr. #114	
CITY-ST-ZIP	Coral Springs Fla.	
TITLE	Sec. SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christine Misiewicz	
STREET ADDRESS	2700 Coral Springs Dr. #308	
CITY-ST-ZIP	Coral Springs Fla.	
TITLE	Asst. ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	June Elias	
STREET ADDRESS	2700 Coral Springs Dr. #213	
CITY-ST-ZIP	Coral Springs Fla.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-8-00 (954) 757-7070

Date

Daytime Phone #

CR2E037 (5/00)