

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90221 004 ****61.25

DOCUMENT # 768678

1. Entity Name

SHCC SERVICES, INC.

Principal Place of Business

Mailing Address

602 COURTLAND ST.
 STE. 200
 ORLANDO FL 32804
 US

602 COURTLAND ST.
 STE 200
 ORLANDO FL 32804
 US

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

59-2291046

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

TRIMBLE, T. L
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789-3875

Name

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

City

FL

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

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 **PD** ☐ Delete
 NAME **CAMP, VANN D**
 STREET ADDRESS **602 COURTLAND ST STE-200**
 CITY-ST-ZIP **ORLANDO FL 32804**

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

TITLE **AS** ☐ Delete
 NAME **LIWAG, MELCHOR R.**
 STREET ADDRESS **500 WINDERLEY PLACE #115**
 CITY-ST-ZIP **MATLAND FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **602 Courtland St, Suite 200**
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **D** ☐ Delete
 NAME **SHAW, TERRY D**
 STREET ADDRESS **111 N ORLANDO AVE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **STD** ☐ Delete
 NAME **CENTER, RICHARD**
 STREET ADDRESS **3978 MEMORIAL DR**
 CITY-ST-ZIP **DECATUR GA 30032**

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

TITLE **AS** ☐ Delete
 NAME **BLOCK, L. MARK**
 STREET ADDRESS **111 NORTH ORLANDO AVENUE**
 CITY-ST-ZIP **WINTER PARK FL**

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

TITLE **CD** ☐ Delete
 NAME **WERNER, THOMAS L**
 STREET ADDRESS **111 N ORLANDO AVE**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☒ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Vann D. Camp

4/25/02

407-975-3000

Date

Daytime Phone #

CR2E037 (9/01)