

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006824

1. Entity Name

SCTR LIMITED, INC.

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90538 020 \*\*\*150.00

Principal Place of Business

120 BOTHWELL ST.  
GLASGOW, SCOTLAND UK G2 7LP

Mailing Address

120 BOTHWELL ST.  
GLASGOW, SCOTLAND UK G2 7LP

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

98-0230006

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STALLINS, ELLEN R  
12565 RESEARCH PKWY, STE 300  
ORLANDO FL 32826

7. Name and Address of New Registered Agent

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 *Ellen Stallins, Chairman*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*14th of February, 2001*

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME S  
STREET ADDRESS MILLER, ROBERT R  
CITY-ST-ZIP 120 BOTHWELL STREET  
GLASGOW SCOTLAND

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCMURRICH, KAREN  
CITY-ST-ZIP 120 BOTHWELL STREET  
GLASGOW SCOTLAND

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS STALLINS, ELLEN R  
CITY-ST-ZIP 12565 RESEARCH PKWY, STE 300  
ORLANDO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Karen McMurrich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*9th February 2001 011-44-141*

Daytime Phone #

*228 2635*

CR2E034 (10/00)

0016117