

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90277 034 \*\*\*550.00

**DOCUMENT # F00000006824**

1. Entity Name  
**SCTR LIMITED, INC.**

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  
**150 BROOMIELAW**

3. Mailing Address  
 Suite, Apt. #, etc.  
**150 BROOMIELAW**

City & State  
**GLASGOW, SCOTLAND**

City & State  
**GLASGOW, SCOTLAND**

4. FEI Number **98-0230006**

Applied For  
 Not Applicable

Zip **G2 8LU** Country **UK**

Zip **G2 8LU** Country **UK**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MILLER, ROBERT R 120 BOTHWELL STREET GLASGOW SCOTLAND</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCMURRICH, KAREN 120 BOTHWELL STREET GLASGOW SCOTLAND</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD STALLINS, ELLEN R 12565 RESEARCH PKWY, STE 300 ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PALMER, GRAEME T 150 BROOMIELAW GLASGOW, SCOTLAND G2 8LU</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THOMSON, NORMAN M 150 BROOMIELAW GLASGOW, SCOTLAND G2 8LU</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHAW, BRIAN 150 BROOMIELAW GLASGOW, SCOTLAND G2 8LU</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Ellen Stallins** **RED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**30 July 02 407-384-7799**

Date Daytime Phone #

CR2E034 (4/02)