

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90038 034 ***150.00

DOCUMENT # F99000000767

1. Entity Name
SCCI INC.

Principal Place of Business 2319 METAIRE RD. METAIRE LA 70001	Mailing Address 2319 METAIRE RD. METAIRE LA 70001-5561
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010317

2. Principal Place of Business 4760 PONTCHARTRAIN DR Suite, Apt. #, etc.	3. Mailing Address 4760 PONTCHARTRAIN DR Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SLIDELL, LA Zip 70458	Country	City & State SLIDELL, LA Zip 70458	Country
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4. FEI Number 72-0941496	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BRUNSON, SHELLY
1122 SOUNDVIEW TRAIL
GULF BREEZE FL 32561

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 _____ (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 \$150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAUER, BRUCE M 2606 CHESTER ST. METAIRE LA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SAUER, RAMONA A 1346 HOMESTEAD AVE. METAIRE LA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: *[Signature]* **BRUCE M SAUER PRESIDENT** 1/26/00 504-726-9800

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)