2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

F9900000767 DOCUMENT

1. Entity Name SCCI INC.

SLIDELL LA 70458



01-17-2003 90116 008 ***150.00

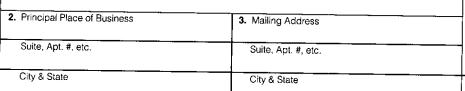
Jan 17, 2003 8:00 am Secretary of State

FILED

Principal Place of Business 4760 PONTCHARTRAIN DR

Mailing Address 4760 PONTCHARTRAIN DR

SLIDELL LA 70458





					LA OFFICE REPORTED	CHANGES
City & State		City & State			4. FEI Number 72-0941496	Applied For
Zip	Country	Zip	Country			Not Applicable
						\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
BRUNSON, SHELLY				Name		
1122 SOUND GULF BREEZ	VIEW TRAIL			Street Address (P.O. Box Number is Not Acceptable)		
						

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

ਫੋfile NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete VICE PRESIDENT TITLE ☐ Change **X**Addition SAUER, BRUCE M NAME NAME ANN SAUER STREET ADDRESS 2606 CHESTER ST. STREET ADDRESS 2606 CHESTER ST METAIRIE LA CITY-ST-ZIP CITY-ST-ZIP METAIRIE, LA 70001 TITLE ST X Delete TITLE Change ☐ Addition NAME SAUER, RAMONA A NAME STREET ADDRESS 1346 HOMESTEAD AVE. STREET ADDRESS CITY-ST-ZIP METAIRIE LA CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other

985-726-9800