

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G74013

1. Entity Name

SCS & ASSOCIATES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90088 019 ***150.00

Principal Place of Business

Mailing Address

C/O MICHAEL F. SCHEPER
3215 NW 10TH TERR. STE 209
FT. LAUDERDALE FL 33309
US

C/O MICHAEL F. SCHEPER
3215 NW 10TH TERR. STE 209
FT. LAUDERDALE FL 33069-3240
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 S.W. 3rd Street

Suite, Apt. #, etc.

3. Mailing Address

1200 SW 3rd Street

Suite, Apt. #, etc.

City & State

Pompano Beach

City & State

Pompano Beach

4. FEI Number

59-2368324

Applied For

Not Applicable

Zip

33069

Country

BROWARD

Zip

33069

Country

Broward

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

SCHEPER, MICHAEL F
~~3215 NW 10TH TERRACE~~
~~SUITE 209~~
~~FT. LAUDERDALE FL 33309~~

Name

MICHAEL F. SCHEPER

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

1200 S.W. 3rd Street

Pompano Beach

City

FL

Zip Code

33069

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

01-06-00

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	PD	<input type="checkbox"/> Delete
NAME	SCHEPER, MICHAEL F	
STREET ADDRESS	3215 NW 10TH TERR, STE 209	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1200 S.W. 3rd Street	
CITY-ST-ZIP	Pompano Beach, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-00

Date

954.943.3150

Daytime Phone #

CR2E034 (9/99)