

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90230 008 ***150.00

DOCUMENT # **H09144**

1. Entity Name
SCIM, INC.



Principal Place of Business
**700 40 AV NE
ST. PETERSBURG 33841
US**

Mailing Address
**700 40TH AVENUE N.E.
ST. PETERSBURG FL 33070**



2. **Marie B. Salinero**
19735 Gulf Blvd. # 2
Indian Shores, FL 33785-2307

3. **Marie B. Salinero**
19735 Gulf Blvd. # 2
Indian Shores, FL 33785-2307

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2516898**

Applied For

Not Applicable

Zip

Country

PINELLAS

Zip

Country

PINELLAS

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

~~QUIDA, IOTT~~
~~700 40 AVE NE~~
~~ST PETERSBURG FL 33703-5908~~

Name

Street Address



Marie B. Salinero
19735 Gulf Blvd. # 2
Indian Shores, FL 33785-2307

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 **Marie B. Salinero**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
NAME **SALINERO, MARIE**
STREET ADDRESS **19735 GULF BLVD., UNIT 2**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

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

TITLE **PD** ☒ Delete
NAME **IOTT, QUIDA**
STREET ADDRESS **700 40 AVENUE NE**
CITY-ST-ZIP **ST. PETERSBURG FL 33703-5908**

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

TITLE **VPD** ☐ Delete
NAME **COATES, WANDA**
STREET ADDRESS **10620 COUNTY LINE ROAD**
CITY-ST-ZIP **FT. MEADE FL 33841**

TITLE **PD** ☒ Change ☐ Addition
NAME **Mrs. Wanda Coates**
STREET ADDRESS **10620 County Line Rd.**
CITY-ST-ZIP **Fort Meade, FL 33841**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Change ☒ Addition
NAME **Mr. Richard Martin**
STREET ADDRESS **19630 Tyler Road**
CITY-ST-ZIP **Odessa, FL 33556**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marie B. Salinero**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/03 727-5961496
Date Daytime Phone #

CR2E034 (10/02)