

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H71153

1. Entity Name

SCAFFOLD-JAX, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90182 047 ***150.00

Principal Place of Business 2922 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207-4149	Mailing Address 2922 ST. AUGUSTINE ROAD JACKSONVILLE FL 32207-4149
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2. Principal Place of Business Same as above		3. Mailing Address 15450 S. Outer Hwy 40	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 270	
City & State		City & State Chesterfield, MO	
Zip	Country	Zip	Country
63017		St. Louis	



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2561427		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 32324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PIONESSA, G.J. 2922 ST AUGUSTINE RD JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D James M. McGee 10389 Airline Highway St. Rose, LA 70087 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V S Ian R. Alexander 15450 S Outer Hwy. 40, Suite 270 Chesterfield, MO 63017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bill Brehmer 2922 St. Augustine Road Jacksonville FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary - Director Raymond L. Edwards 15450 S Outer Hwy 40, Suite 270 Chesterfield, MO 63017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer Jeffrey W. Peterson 15450 S Outer Hwy. 40, Suite 270 Chesterfield, MO 63017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Scott M. Robinson 1830 Jasmine Pasadena TX 77503 <input type="checkbox"/> Change <input checked="" 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-8-00 (636) 579-1000 Daytime Phone #