

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90128 006 ***550.00

DOCUMENT # H71153

1. Entity Name
SCAFFOLD-JAX, INC.

Principal Place of Business
**2922 ST. AUGUSTINE ROAD
 JACKSONVILLE FL 32207-4149**

Mailing Address
**15450 S OUTER HWY 40
 STE 270
 CHESTERFIELD MO 63017**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2561427**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 32324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(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 \$550.00
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
 NAME **MCGEE, JAMES M**
 STREET ADDRESS **10389 AIRLINE HWY**
 CITY-ST-ZIP **SAINT ROSE LA 70087**

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

TITLE **VS** ☒ Delete
 NAME **ALEXANDER, IAN R**
 STREET ADDRESS **15450 S OUTER HWY 40 STE 270**
 CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Bruce J. Court**
 STREET ADDRESS **15450 S Outer Highway 40, Suite 270**
 CITY-ST-ZIP **Chesterfield, MO 63017**

TITLE **T** ☒ Delete
 NAME **BREHMER, BILL**
 STREET ADDRESS **2922 ST AUGUSTINE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **ASD** ☐ Delete
 NAME **EDWARDS, RAYMOND L**
 STREET ADDRESS **15450 S OUTER HWY 40 STE 270**
 CITY-ST-ZIP **CHESTERFIELD MO 63017**

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

TITLE **AT** ☐ Delete
 NAME **PETERSON, JEFFREY W**
 STREET ADDRESS **15450 S OUTER HWY 40 STE 270**
 CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE **VP/Treasurer** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ROBINSON, SCOTT M**
 STREET ADDRESS **1830 JASMINE**
 CITY-ST-ZIP **PASADENA TX 77503**

TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)