

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008584

1. Entity Name

SCHERER CONSTRUCTION & ENGINEERING OF ATLANTA, L

FILED

01 APR 23 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33734

Mailing Address

2152 14TH CIRCLE NORTH
ST. PETERSBURG FL 33734



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLCOMB, VICTOR W ESQUIRE
106 SOUTH TAMPANIA AVENUE, SUITE 200
TAMPA FL 33609

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
Member
STREET ADDRESS Scherer Holdings, LLC
CITY-ST-ZIP 2152 14th Circle North

TITLE NAME ☐ Delete
St. Petersburg, FL 33713
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
Mr. Richard Thacker
STREET ADDRESS 2152 14th Circle North
CITY-ST-ZIP St. Petersburg, FL 33713

TITLE NAME ☐ Delete
Member
STREET ADDRESS Fred C. Aguirre
CITY-ST-ZIP 2152 14th Circle North
ST. Petersburg, FL 33713

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] Scherer 4/19/01 727-321-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)