

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90164 002 ****50.00

DOCUMENT # L00000013302

1. Entity Name

SCALES 2000 LLC

Principal Place of Business

1320 CLEARMONT STREET NE
 BAY 103
 PALM BAY FL 32905
 US

Mailing Address

1320 CLEARMONT STREET NE
 BAY 103
 PALM BAY FL 32905
 US

2. Principal Place of Business

1320 Clearmont St NE

3. Mailing Address

1320 Clearmont St NE

Suite, Apt. #, etc.

Unit # 102

Suite, Apt. #, etc.

Unit # 102

City & State

Palm Bay FL

City & State

Palm Bay FL

Zip

32905

Country

US

Zip

32905

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2293043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
 236 E. 6TH AVE.
 TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
SCALES 2000 LTD
THE OLD GRANARY GLYNDE
LEWES SUSSEX SX BN8 6-SX

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
TOOHER, JOHN MR
UNIT 16 SUTTONS BUSINESS PARK AV
READING BE RG6 1-AZ

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
SMEWING, SIMON MR
THE OLD GRANARY GLYNDE
LEWES, SUSSEX SX BN8 6-SX

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
BLACK, RICHARD MR
UNIT 16 SUTTONS BUSINESS PARK AV
READING BE RG6 1-AZ

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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10. ADDITIONS/CHANGES

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

TITLE
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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 OF RICHARD ANNE ELLMAN 1.30.02 321-409-8637

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

Date

Daytime Phone #

CR2F083 (9/01)