

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90083 002 \*\*\*\*50.00

**DOCUMENT # L01000001822**

1. Entity Name

**S & V SOFT SERVE, LLC**

Principal Place of Business

**2907 FOGARTY AVE.  
 KEY WEST FL 33040**

Mailing Address

**2907 FOGARTY AVE.  
 KEY WEST FL 33040**

2. Principal Place of Business

**1207 UNITED ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KEY WEST, FL**

City & State

City & State

Zip

**33040**

Country

**USA**

Zip

Zip

Country

Country

4. FEI Number

**65-1075196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **SCOTT F. MCCOLLUM**

Street Address (P.O. Box Number is Not Acceptable)

**2907 FOGARTY AVE**

City **KEY WEST**

**FL**

**33040**

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

**SCOTT F. MCCOLLUM, MGR**

**15 JAN 02**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **MCCOLLUM, SCOTT F**  
 STREET ADDRESS **2907 FOGARTY AVE.**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **MGR** ☐ Delete  
 NAME **MCCOLLUM, VICTORIA A**  
 STREET ADDRESS **2907 FOGARTY AVE.**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **MGR** ☒ Delete  
 NAME **HILL, SHARON**  
 STREET ADDRESS **2907 FOGARTY AVE.**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **MGR** ☒ Delete  
 NAME **HILL, JEFFREY**  
 STREET ADDRESS **2907 FOGARTY AVE.**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 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

**SCOTT F. MCCOLLUM, MGR 1/15/02 (305) 292-0515**

CR2E083 (9/01)