

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

2. Principal Place of Business 3. Mailing Address
1207 UNITED ST Suite, Apt. #, etc.

City & State City & State
KEY WEST, FL **KEY WEST, FL**
 Zip Country Zip Country
33040 **USA**

4. FEI Number Applied For
65-1075196 Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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** State **FL** Zip **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 *[Signature]* **SCOTT F. MCCOLLUM, MGR** DATE **15 JAN 02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	MGR MCCOLLUM, SCOTT F 2907 FOGARTY AVE. KEY WEST FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCOLLUM, VICTORIA A 2907 FOGARTY AVE. KEY WEST FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, SHARON 2907 FOGARTY AVE. KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, JEFFREY 2907 FOGARTY AVE. KEY WEST FL 33040 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SCOTT F. MCCOLLUM, MGR** Date **1/15/02 (305) 292-0515**
Signature and typed or printed name of signing managing member, manager, or authorized representative

CR2E083 (9/01)