

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

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**      **1/15/02 (305) 292-0515**  
Signature and typed or printed name of signing managing member, manager, or authorized representative      Date      Daytime Phone #

CR2E083 (9/01)