

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90009 032 ****50.00

DOCUMENT # L02000014907

1. Entity Name

SCOCAN ENTERPRISES, LLC



Principal Place of Business

**700 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432**

Mailing Address

**700 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432**

2. Principal Place of Business

23411 HARBORVIEW RD

Suite, Apt. #, etc.

3. Mailing Address

23411 HARBORVIEW RD

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

Zip

33980

Country

USA

City & State

PORT CHARLOTTE, FL

Zip

33980

Country

USA

4. FEI Number

03-0462479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GARELLEK, STEVEN
700 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name

JACQUI STEPHENSON

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

23411 HARBORVIEW ROAD

City

PORT CHARLOTTE

FL

Zip Code

33980

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Stephenson J. STEPHENSON

(NOTE: Registered Agent signature required when reinstating)

MCV

2-12-03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

**MGR
STEPHENSON, JACQUI
136 PURUS STREET
PUNTA GORDA FL 33983**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Stephenson J. STEPHENSON

2-12-03

941-766-0025

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

Date

Daytime Phone #

CR2E083 (10/02)