

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L64091

1. Entity Name

SCION, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90375 008 ***158.75

Principal Place of Business

15200 S. TAMiami TRAIL
 SUITE 108
 FT MYERS FL 33908

Mailing Address

15200 S. TAMiami TRAIL
 SUITE 108
 FT MYERS FL 33913-7969

2. Principal Place of Business

12712 DEVONSHIRE LAKES DR
 Suite, Apt. #, etc. DR

3. Mailing Address

12712 DEVONSHIRE LAKES DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 FT MYERS FL

City & State
 FT MYERS FL

4. FEI Number 65-0187091

Applied For
 Not Applicable

Zip 33913 Country USA

Zip 33913 Country USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOLLER, MAXINE
 15200 S TAMiami TR 108
 FT MYERS FL 33908

Name

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

12712 DEVONSHIRE LAKES DR

City FT MYERS FL Zip Code 33913

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME STOLLER, MAXINE
 STREET ADDRESS 12712 DEVONSHIRE LAKES DR
 CITY-ST-ZIP FT MYERS FL 33912 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 33913 ☒ Change ☐ Addition

TITLE TD
 NAME EATON, JACQUI
 STREET ADDRESS 18161 ADAMS CIRCLE
 CITY-ST-ZIP FT MYERS FL ☐ Delete

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

TITLE D
 NAME EATON, BRUCE
 STREET ADDRESS 18161 ADAMS CIRCLE
 CITY-ST-ZIP FT MYERS FL ☐ Delete

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

TITLE SD
 NAME BACHTOLD, DEBRA
 STREET ADDRESS 310 W OAK
 CITY-ST-ZIP FAIRBURY IL ☐ Delete

TITLE
 NAME 9232 N. 2150 EAST RD
 STREET ADDRESS FAIRBURY IL 61739 ☒ Change ☐ Addition

TITLE D
 NAME BACHTOLD, ROGER
 STREET ADDRESS 310 W OAK
 CITY-ST-ZIP FAIRBURY IL ☐ Delete

TITLE
 NAME 9232 N. 2150 EAST RD
 STREET ADDRESS FAIRBURY IL 61739 ☒ Change ☐ Addition

TITLE D
 NAME STOLLER, CHIP
 STREET ADDRESS 12712 DEVONSHIRE LAKES DR
 CITY-ST-ZIP FT MYERS FL 33912 ☐ Delete

TITLE
 NAME 1027 ALTA DRIVE
 STREET ADDRESS HOLLY HILL, FL 32117 ☒ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 JACQUI EATON
 TREASURER

4/21/00
 Date

941-768-2487
 Daytime Phone #

CR2E034 (9/99)