

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90040 037 ***158.75

0534918

DOCUMENT # L64091

1. Entity Name
SCION, INC.

Principal Place of Business
**12712 DEVONSHIRE LAKES DRIVE
 FORT MYERS FL 33913**

Mailing Address
**12712 DEVONSHIRE LAKES DRIVE
 FORT MYERS FL 33913**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0187091**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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
 12712 DEVONSHIRE LAKES DRIVE
 FORT MYERS FL 33913**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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, 2001 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	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLLER, MAXINE		NAME		
STREET ADDRESS	12712 DEVONSHIRE LAKES DR		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33913		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, JACQUI		NAME		
STREET ADDRESS	18161 ADAMS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, BRUCE		NAME		
STREET ADDRESS	18161 ADAMS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHTOLD, DEBRA		NAME		
STREET ADDRESS	9232 N 2150 EAST RD		STREET ADDRESS		
CITY-ST-ZIP	FAIRBURY IL 61739		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACHTOLD, ROGER		NAME		
STREET ADDRESS	9232 N 2150 EAST ROAD		STREET ADDRESS		
CITY-ST-ZIP	FAIRBURY IL 61739		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLLER, CHIP		NAME		
STREET ADDRESS	1027 ALTA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLY HILL FL 32117		CITY-ST-ZIP		

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: Jacqui Eaton TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

Date

941-267-8019

Daytime Phone #

JACQUI EATON

CR2E034 (10/00)