

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003295

1. Entity Name

SCHERER CONSTRUCTION & ENGINEERING, LLC

FILED

01 MAY 30 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2152 14TH CIRCLE NORTH  
ST. PETERSBURG FL 33713

Mailing Address

2152 14TH CIRCLE NORTH  
ST. PETERSBURG FL 33713

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3548412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

BJH

6. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB

501 E. KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name Holcomb, Victor W.

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

106 So. Tampa Ave Suite 200

City Tampa

FL

Zip Code 33609

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 Victor W. Holcomb, Esq.

Signature, typed or printed name of registered agent and title if applicable.

*Victor W. Holcomb*

4/17/01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME SCHERER, CLARK H III  
STREET ADDRESS 2152 14TH CIRCLE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

Member ☐ Change ☒ Addition  
NAME Scherer Holdings, LLC  
STREET ADDRESS 2152 14th Circle North  
CITY-ST-ZIP St. Petersburg, FL 33713

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
900004429949--4  
-06/19/01--01071--017  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 Required*

Scherer

7/17/01

727-321-8111

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR

ED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

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