## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L9800003297  1. Entity Name SCHERER CONSTRUCTION & ENGINEERING OF WEST FLORI				FILED		
SCHERE	A CONSTRUCTION & ENG	INEERING OF WEST	FLONI	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address 2152 14TH CIRCLE NORTH 2152 14TH CIR ST. PETERSBURG FL 33713 ST. PETERSBU				00 FEB 24 AM II: 40		
2. Principal Place of Business		3. Mailing Address		אפרו לנפרו הוופר פוסנה פווגר פסוגס ואסם אומם וונסס הווסם האפרו ופוטי ופוטי אומי אומי אומי אומי אומי אומי אומי א		
Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 59-3548409	Applied For Not Applicable	
Zip	Country	Zip	Country		\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Nome	7. Name and Address of New Registered A	igent	
HUMPHRIES, J. BOB 501 E. KENNEDY BLVD., SUITE 1700 TAMPA FL 33602			Name			
			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code	
				stered agent, or both, in the State of Florida.		
	Signature, typed or printed name of registered agent	FILE NO	Registered Agent signature requirements W!!! FEE IS \$50.0 vable to Department	0		
9.	MANAGING MEMB	<del></del>	10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHERER, CLARK H III 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713	∟ Detate	TITLE MAME SYREET ADDRESS CITY-ST-ZIP	nf3/100	Change Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CROOKSTON, JAMES A 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713	Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP	600003164 -03/10/000 *****50.00	Change Addition (7369) 1016005 *****50.00	
TITLE NAME STHEET ADDRESS CITY-8T-ZIP		Deleto	TITLE NAME STREET ADDRESS CHY-ST-11P		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZF		□ Detaite	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADURESS CITY-8T-ZIP		☐ Delisto	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADURESS CITY-ST-ZLP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	that my signature shall have the	he same legal effect as	Section 119.07(3)(i), Florida Statutes. I further cer if made under oath; that I am a managing membe apter 608, Florida Statutes.	ify that the information r or manager of the	