

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003297

1. Entity Name

SCHERER CONSTRUCTION & ENGINEERING OF WEST 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

FILED

01 SEP 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3548409

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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

Victor Holcomb

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

106 So. Tampa Avenue

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

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

(NOTE: Registered Agent signature required when reinstating)

8-30-01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scherer Holdings, LLC 2152-14th Circle No St. Petersburg, FL 33713	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004616258-4 -09/28/01--01040--019 *****50.00 *****50.00	☐ Change ☐ Addition
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

Victor W. Holcomb

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

8/21/01 7273218111

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)