

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002387

1. Entity Name

S.C.A.L.E.S. PROJECT, INC.

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

05-01-2000 90452 010 ****61.25

Principal Place of Business

Mailing Address

LEON COUNTY COURTHOUSE
 301 S. MONROE ST
 TALLAHASSEE FL 32301

LEON COUNTY COURTHOUSE
 301 S. MONROE ST
 TALLAHASSEE FL 32301-1803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

59-3606995

4. FEI Number

APPLIED FOR ↑

Applied For

Not Applicable

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

LANDRY, RUSSELL H
 LEON COUNTY COURTHOUSE/S.C.A.L.E.S.
 301 S MONROE ST
 TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
 NAME BASS, KAREN K
 STREET ADDRESS 805 N GADSDEN ST
 CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE D ☐ Delete
 NAME BLANKENSHIP, MIKE
 STREET ADDRESS 4123 WOODVILLE HWY
 CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE D ☐ Delete
 NAME LANDRY, RUSSELL H
 STREET ADDRESS 301 S. MONROE ST. LEON COUNTY COURTHOUSE
 CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE D ☐ Delete
 NAME STUCKEY, EARL
 STREET ADDRESS RT 2 BOX 47-C
 CITY-ST-ZIP WHIGHAM GA 31797

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RUSSELL H. LANDRY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

850
 4884265

CR2E037 (9/99)