2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an add

FILED May 12, 2001 8:00 am[§] Secretary of State DOCUMENT # **N98000002387** 1. Entity Name S.C.A.L.E.S. PROJECT, INC. 05-12-2001 90036 023 ****61.25 Principal Place of Business Mailing Address LEON COUNTY COURTHOUSE LEON COUNTY COURTHOUSE 301 S. MONROE ST 301 S. MONROE ST TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3606995 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent " Name Street Address (P.O. Box Number is Not Acceptable) LANDRY, RUSSELL H LEON COUNTY COURTHOUSE/S.C.A.L.E.S. 301 S MONROE ST City Zip Code TALLAHASSEE FL 32301 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. 4-30-0/ lifed when reinstating) **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. П **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME BASS, KAREN K STREET ADDRESS STREET ADDRESS 805 N GADSDEN ST CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Addition ☐ Change TITLE ☐ Defete TITLE D NAME NAME BLANKENSHIP, MIKE STREET ADDRESS STREET ADDRESS 4123 WOODVILLE HWY CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Addition ☐ Change TITLE Delete TITLE LANDRY, RUSSELL H NAME NAME STREET ADDRESS STREET ADDRESS 301 S.MONROE ST. LEON COUNTY COURTHOUSE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STUCKEY, EARL STREET ADDRESS STREET ADDRESS RT 2 BOX 47-C CITY-ST-ZIP CITY-ST-ZIP WHIGHAM GA 31797 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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