

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
 02-19-2002 90013 018 ***150.00

DOCUMENT # P00000000138

1. Entity Name
SCB, CORP.

Principal Place of Business

**1351 WHITE HERON LANE
 VERO BEACH FL 32963**

Mailing Address

**1351 WHITE HERON LANE
 VERO BEACH FL 32963**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

VERO BEACH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0970370**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MCHUGH, JOHN J JR.

333 17TH STREET

SUITE U

VERO BEACH FL 32960

Name

JAMES A. SCHORNER

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

3381 OCEAN DR

City

VERO BEACH, FL

State

32963

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **BRINLEY, STEPHEN C**
 STREET ADDRESS **1351 WHITE HERON LANE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE **D** ☐ Delete
 NAME **BRINLEY, JANE W**
 STREET ADDRESS **1351 WHITE HERON LANE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with my address, with all other like information.

SIGNATURE:

[Signature]

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)