

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90049 012 \*\*\*158.75

DOCUMENT # P00000011610

1. Entity Name  
SC SERVICES & ASSOCIATES, INC.



Principal Place of Business

~~ROUTE 15 BOX 3020~~  
LAKE CITY FL 32024

Mailing Address

P.O. BOX 3116  
LAKE CITY FL 32056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3623302

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BICKNELL, RICHARD R

~~ROUTE 15, BOX 3020~~

LAKE CITY FL 32024

7. Name and Address of New Registered Agent

Name Richard R. Bicknell

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

City LAKE CITY

FL

Zip Code 32055

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard Bicknell

12/31/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00 + \$1.75 = \$151.75**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTSV ☐ Delete

NAME BICKNELL, RICHARD R DCM

STREET ADDRESS ~~ROUTE 15, BOX 3020~~

CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☐ Delete

NAME BICKNELL, TERRI F

STREET ADDRESS ~~ROUTE 15, BOX 3020~~

CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☒ Delete

NAME BICKNELL, ALVALENE K

STREET ADDRESS ~~ROUTE 15, BOX 3020~~

CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☐ Delete

NAME FERGUSON, DALE C

STREET ADDRESS 100 WEST MADISON STREET alc

CITY-ST-ZIP LAKE CITY FL 33155

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME 701 N. Marion St

STREET ADDRESS LAKE CITY, FL 32055

CITY-ST-ZIP ☒ Change ☐ Addition

NAME 701. N. Marion St

STREET ADDRESS LAKE CITY, FL 32055

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☒ Change ☒ Addition

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 607, 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:

Richard Bicknell 12/31/02 386 752-0068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)