AMENDED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000011610

1. Entity Name
SC SERVICES & ASSOCIATES, INC.

FILED
03 JUL 10 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
701 N. MARION STREET LAKE CITY, FL 32056	P.O. BOX 3116 LAKE CITY, FL 32056

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
443 N. MARION AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LAKE CITY FL	
City & State	City & State
32055 USA	
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
BICKNELL, RICHARD R 701 N. MARION STREET LAKE CITY, FL 32055	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSV BICKNELL, RICHARD R DCM 701 N. MARION STREET LAKE CITY, FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BICKNELL, RICHARD R DCM 443 N MARION AVE LAKE CITY FL 32055	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BICKNELL, TERRI F 701 N. MARION STREET LAKE CITY, FL 32055	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900021463989 07/10/03--01063--001 **61.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERGUSON, DALE C 100 WEST MADISON STREET LAKE CITY, FL 33155	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASON, SHERRI W 701 N. MARION STREET LAKE CITY, FL 32056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVD CASON, SHERRI W 443 N MARION AVE LAKE CITY FL 32055	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 attachment 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: [redacted] 7/9/03 (386) 752-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #