

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90170 045 ***150.00

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1. Entity Name
SCM MARKETING, INC.

Principal Place of Business
5700 ST. AUGUSTINE RD. #101
JACKSONVILLE FL 32207

Mailing Address
5700 ST. AUGUSTINE RD. #101
JACKSONVILLE FL 32207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12412 San Jose Blvd		3. Mailing Address 12412 San Jose Blvd	
Suite, Apt. #, etc. Suite 102		Suite, Apt. #, etc. Suite 102	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32223	Country USA	Zip 32223	Country USA

4. FEI Number **59-3636934**
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, SANDRA C
5700 ST. AUGUSTINE RD. #101 12412 San Jose Blvd, Suite 102
JACKSONVILLE FL 32207 32223

7. Name and Address of New Registered Agent

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 *Sandra C. Morris* **Sandra C Morris - President** **3/15/02**
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE PD	<input type="checkbox"/> Delete
NAME MORRIS, SANDRA C	
STREET ADDRESS 5700 ST AUGUSTINE RD # 101	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE VP	<input type="checkbox"/> Delete
NAME MORRIS, RICHARD R	
STREET ADDRESS 57-- ST AUGUSTINE RD # 101	
CITY-ST-ZIP JACKSONVILLE FL 32207	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Morris Sandra C	
STREET ADDRESS 12412 San Jose Blvd Suite 102	
CITY-ST-ZIP Jacksonville, FL 32223	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Morris, Richard R.	
STREET ADDRESS 12412 San Jose Blvd	
CITY-ST-ZIP JACKSONVILLE, FL. 32223	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 an address, with all other like empowered.

SIGNATURE: *Sandra C. Morris* **Sandra C. Morris - Pres** **3/15/02** **904-262-3377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)