2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 20, 2002 8:00 am Secretary of State P00000046464 **DOCUMENT #** 1. Entity Name 05-20-2002 90034 022 ***150.00 SCS RESTAURANT GROUP, INC. Mailing Address Principal Place of Business 957 WICKETURN DRIVE 957 WICKETURN DRIVE **BRANDON FL 33510** BRANDON FL 33510 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number Not Applicable 59-3644679 City & State \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Country 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) ROMAN, JOSE I., .957 WICKETRUN DRIVE BRANDON FL 33510 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be FILE NOW!!L FEE IS \$150.00 :10.-Election Campaign Financing. 9. This corporation is eligible to satisfy its Intangible-After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS ☐ Change CR2E034 (9/01 Addition 11. ☐ Delete **PSD** TITLE NAME PASQUINI, LAWRENCE D NAME STREET ADDRESS 957 WICKETURN DRIVE STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33510** ☐ Addition CITY-ST-ZIP ☐ Change TIT! E ☐ Delete TITLE: NAME PASQUINI, BARBARA A NAME STREET ADDRESS 957 WICKETURN DRIVE STREET ADDRESS CITY-ST-ZIP **BRANDON FL 33510** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP ☐ Addition CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME NAME--STREET ADDRESS STREET ADDRESS CITY-ST-7IP ☐ Change ☐ Addition CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS Mariana . STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS 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 arm all other like empowered.