

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000114397**1. Entity Name  
S & C TOOL, INC.

## Principal Place of Business

2883 32ND AVE NORTH

ST PETERSBURG  
33713

FL

## Mailing Address

2883 32ND AVE NORTH

ST PETERSBURG  
33713

FL

## 2. Principal Place of Business

11307 43RD. STREET NORTH

## 3. Mailing Address

2883 32ND. AVE. NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

CLEARWATER

FL

## City &amp; State

ST PETERSBURG

FL

Zip  
33762

Country

Zip  
33713

Country

## 4. FEI Number

59-3682547

Applied For

Not Applicable

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TRAN CAMVAN  
3700 36TH STREET NORTHST PETERSBURG  
33713

FL

US

## 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 \_\_\_\_\_ DATE **04/11/2001**

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, 2001 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	<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	
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	V-PR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THACH SITHA	
STREET ADDRESS	11307 43RD. STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAN CAMVAN	
STREET ADDRESS	11307 43RD. STREET NORTH	
CITY-ST-ZIP	CLEARWATER FL 33762	
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:** Camvan Tran

Pres

04/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)