

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90107 014 \*\*\*150.00

**DOCUMENT # P01000051946**

1. Entity Name  
SC 2001, INC.



Principal Place of Business  
1367 S UNIVERSITY DRIVE  
PLANTATION FL 33324

Mailing Address  
1367 S UNIVERSITY DRIVE  
PLANTATION FL 33324

2. Principal Place of Business  
242 SW 33<sup>rd</sup> ST  
Suite, Apt. #, etc.

3. Mailing Address  
242 SW 33<sup>rd</sup> ST  
Suite, Apt. #, etc.

City & State  
FT LAUDERDALE FL  
Zip 33315 Country USA

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FT LAUDERDALE FL  
Zip 33315 Country USA

4. FEI Number 65-1110110

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PTC WORLD WIDE, INC.  
1367 S UNIVERSITY DRIVE  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name JOE CELLINI

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

242 SW 33<sup>rd</sup> ST

City FT LAUDERDALE FL Zip Code 33315

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

(NOTE: Registered Agent signature required when reinstating)

01-17-03

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 D  
NAME CELLINI, JOE  
STREET ADDRESS 1060 E TROPICAL WAY  
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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 life empowered.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-17-03 (954) 523-1461

Date

Daytime Phone #

CR2E034 (10/02)