

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90724 024 ***150.00

DOCUMENT # P02000042298

1. Entity Name
SCO, INC.



Principal Place of Business
**4848 NORTHWEST 24 COURT #313
LAUDERDALE LAKES FL 33313**

Mailing Address
**4848 NORTHWEST 24 COURT #313
LAUDERDALE LAKES FL 33313**



2. Principal Place of Business

**4848 NW 24 CT
#313**

3. Mailing Address

**4848 NW 24 CT
#313**

☒ CHECK HERE IF MAKING CHANGES

City & State
LAUDERDALE LAKES FL

City & State
LAUDERDALE LAKES FL

4. FEI Number
32-0010355

Applied For
☐ Not Applicable

Zip
33313

Country
US

Zip
33313

Country
US

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

6. Name and Address of Current Registered Agent

**COSTA, STEVEN
4848 NORTHWEST 24 COURT , APT. 313
LAUDERDALE LAKES FL 33313**

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. 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 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

TITLE **P** ☐ Delete
NAME **COSTA, STEVEN**
STREET ADDRESS **4848 NORTHWEST 24 COURT , APT. 313**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SUPP** ☐ Change ☒ Addition
NAME **COSTA, Steven**
STREET ADDRESS **4848 NW 24th CT 313**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33313**

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

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)