

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0048645 AV

DOCUMENT # P02000096372

1. Entity Name
SCR VENTURES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 29 AM 11:34



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business
10569 VALENTINE ROAD NORTH
TALLAHASSEE FL 32317
US

Mailing Address
10569 VALENTINE ROAD NORTH
TALLAHASSEE FL 32317
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-3089084

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RILES, STEVEN D
10569 VALENTINE ROAD NORTH
TALLAHASSEE FL 32317

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

Steven D. Riles

Steven D. Riles

1-28-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RILES, STEVEN D
STREET ADDRESS 10569 VALENTINE ROAD NORTH
CITY-ST-ZIP TALLAHASSEE FL 32317 ☐ Delete

TITLE T.
NAME George D. Taylor, Sr.
STREET ADDRESS 10525 Valentine Rd. South
CITY-ST-ZIP Tallahassee, FL 32317 ☐ Change ☒ Addition

TITLE VP
NAME RILES, CHERYL T
STREET ADDRESS 10569 VALENTINE ROAD NORTH
CITY-ST-ZIP TALLAHASSEE FL 32317 ☐ Delete

TITLE Secretary/VP
NAME Cheryl T. Riles
STREET ADDRESS 10569 Valentine Rd. N
CITY-ST-ZIP Tallahassee, FL 32317 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

Steven D. Riles

SIGNATURE REQUIRED

Steven D. Riles

1-28-03 (850) 509-0193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)