

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

04-07-2003 90138 002 \*\*\*158.75

**DOCUMENT # P02000124535**

1. Entity Name  
**SCC BEEF'S, INC.**



Principal Place of Business  
**723 CYPRESS VILLAGE BLVD.  
SUN CITY CENTER FL 33573**

Mailing Address  
~~P.O. BOX 5077~~  
**SUN CITY CENTER FL 33574-5077**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**723 Cypress Village Blvd.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Ruskin, FL**

City & State  
**Ruskin, FL**

Zip  
**33573**

Country  
**Hillsborough**

4. FEI Number  
**03-0490939**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHIE, DANIEL JR.**  
**723 CYPRESS VILLAGE BLVD.**  
**SUN CITY CENTER FL 33573**  
**Ruskin**

7. Name and Address of New Registered Agent

Name

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

City **Ruskin** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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                      | <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                |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | <b>President</b>   |
| STREET ADDRESS  | <b>Daniel Richie JR</b>  |
| CITY-ST-ZIP   | <b>723 Cypress Village Blvd.</b>   |
| TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | <b>Vice President</b>  |
| STREET ADDRESS  | <b>L George W. Englar III</b>  |
| CITY-ST-ZIP   | <b>723 Cypress Village Blvd.</b>   |
| 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   |  |

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 empowerers.

SIGNATURE: Daniel Richie JR **DANIEL RICHIE JR** 4/4/03 813633-2333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)