

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

FILED
Apr 16, 2004 8:00 am
Secretary of State

DOCUMENT # **PO3000064637**

1. Entity Name

SCLB, Inc.



04-16-2004 90155 001 ***150.00

04-16-2004 90155 002 *****8.75

DO NOT WRITE IN THIS SPACE

66412117

2. Principal Place of Business

1559 Garden Park Lane

3. Mailing Address

(same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SCLB, Inc.

City & State
Tallahassee, FL

City & State
**Stacy K. Lowe
1559 Garden Park Lane
Tallahassee, FL 32308**

4. FEI Number

58-2673566

Applied For
Not Applicable

Zip
32308

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Spiegel & Utrera, PA

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

1840 Coral Way

4th Floor

City
Miami

FL

Zip Code
33145

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	President - all offices
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer - "
TITLE NAME STREET ADDRESS CITY-ST-ZIP	held by: Stacy Lowe Bertlemann 1559 Garden Park Lane Tallahassee, FL 32308
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stacy Lowe Bertlemann *Stacy Lowe Bertlemann* **4/15/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)