2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #.P34290

1. Entity Name

S.C.S. CONTRACTORS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90468 028 ***150.00

Principal Place of Business	Mailing Address
1965 LOWER ROSWELL RD MARIETTA GA 30068 US	1965 LOWER ROSWELL RD MARIETTA GA 30068-3348 US

DO NOT WRITE IN THIS SPACE

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 58-1896031 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SWETMON, STEPHEN
9302 17TH ST N
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name: David Swetmon
Street Address (P.O. Box Number is Not Acceptable): 5910 Bent Pine Drive
Apt. 1412
City: Orlando FL Zip Code: 32822

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.

SIGNATURE [signature] David Swetmon 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWETMON, STEPHEN C. 5215 TIMBER RIDGE RD MARIETTA GA 30067 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Swetmon, David 5910 Bent Pine Drive, Apt. 1412 Orlando, FL 32822 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~VP~~ ~~David W Swetmon~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Stephen C Swetmon 4/25/00 770/565-7065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #