2000 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2000 8:00 am DOCUMENT # **P95000012299** Secretary of State 1. Entity Name 03-07-2000 90069 048 ***150.00 SCR HOLDINGS, INC Mailing Address Principal Place of Business 17673 SHAWS CREEK ROAD 27657 OLD US 41 **BONITA SPRINGS FL 34135** ALTON, ONTARIO, CANADA LON 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0650092 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Ageni 7. Name and Address of New Registered Agent Name PUOPOLO, FRANK. Street Address (P.O. Box Number is Not Acceptable) 27657 OLD U.S. 41 **BONITA SPRINGS FL 34135** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE RICHARDSON, JOHN D NAME NAME STREET ADDRESS 17673 SHAWS CREEK ROAD STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ALTON, ONTARIO, CANADA LON- 1AO ☐ Delete ☐ Change Addition TITI F SCHUCHT, JOHN F NAME NAME STREET ADDRESS STREET ADDRESS SAPINE RIDGE RD CITY-ST-ZIP CITY-ST-ZIP LONDON, ONTARIO N5X3H2 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition □] Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition [] Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Delete TITLE Change TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 trusted 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 orderess, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

29/01/00

FILED

4/6-926-3525