2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 16, 2000 8:00 am DOCUMENT # **P95000044651** Secretary of State 1. Entity Name S.C.C. HARDWARE, INC. 02-16-2000 90041 024 ***150.00 Principal Place of Business Mailing Address P.O. BOX 5069 1619 SUN CITY CENTER PLAZA SUN CITY CTR FL 33571-5069 SUN CITY CTR FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3320752 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAPIN, SUSAN C Street Address (P.O. Box Number is Not Acceptable) 1619 SUN CITY CENTER PLAZA SUN CITY CENTER FL 33573 Zip Code City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT Change Addition ☐ Delete TITLE TITLE CHAPINISUSAN C. 1619 SUN CITY CONTER PLATA CLARK, SUSAN C NAME NAME STREET ADDRESS 1619 SUN CITY CENTER PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33673 SUN CITY CENTER, ☐ Delete TITLE TITLE CHAPINISUSANC. 6346 BAHAMA SHORES DR.S. Sam CLARK, SUSAN C NAME NAME STREET ADDRESS STREET ADDRESS 6346 BAHAMA SHORES DR S CITY-ST-ZIP ST. POTERSBURG, FI, 33705 CITY-ST-ZIP ST PETERSBURG FL 33705 Delete TITLE TITLE NAME JUDO VI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME CHAPIN ERIN 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

CITY-ST-ZIP