

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90111 048 ***150.00

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

90134953

DOCUMENT # P96000019786 1. Entity Name SCSP, INC.			
Principal Place of Business 609 YORKSHIRE DR FLAGLER BEACH, FL 32136		Mailing Address 326 S. GRANDVIEW AVE DAYTONA BEACH, FL 32118 609 YORKSHIRE DR. FLAGLER BEACH, FL. 32136	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-3374847		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDON, RONALD N 326 SOUTH GRANDVIEW AVENUE DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name VINCENT PRESTON Street Address (P.O. Box Number is Not Acceptable) 609 YORKSHIRE DRIVE City FLAGLER BEACH, FL Zip Code 32136	
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		VINCENT PRESTON <small>(NOTE: Registered Agent Signature required when substituting)</small>	
DATE 5/12/03 <small>DATE</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DPT PRESTON, VINCENT T 609 YORKSHIRE DR FLAGLER BEACH, FL 32136	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
DVS PRESTON, SUSAN S 609 YORKSHIRE DR FLAGLER BEACH, FL 32136	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 another like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 5/12/03 <small>DATE</small>	
DAYTIME PHONE # 386-434-5473		FAX PHONE #	

CH2E034 (10/02)

Attachment
90134953

5/12/03

Division of Corporations
State of Florida

P.O.Box 6327

Tallahassee, FL 32314

Re: Doc#P96000019786 UBR
Change of Registered Agent

Dear Sir or Madam:

Please accept our apologies for the lateness of this filing. We have been having problems with receiving your correspondence from our registered agent for quite some time now. We just had to reinstate last year due to non-delivery of our filing forms, as was the case again this year. We still have not received the forms from our current registered agent and we are therefore changing our registered agent.

Thank you.



Vincent T. Preston
S.C.S.P., Inc. DBA
Singing Surf Campground
609 Yorkshire Dr.
Flagler Beach, FL 32136
1.386.439.5473