

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P97000008281**

1. Entity Name

**SCV DEVELOPMENT CORP.**

03-28-2002 90003 023 \*\*\*150.00

Principal Place of Business

Mailing Address

**%ATLANTIA HOLDINGS**  
**910 SE 17TH ST., STE 300**  
**FORT LAUDERDALE FL 33316**

**%ATLANTIA HOLDINGS**  
**910 SE 17TH ST., STE 300**  
**FORT LAUDERDALE FL 33316**

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

C/o Atlantia Holdings  
 645 E. Dania Beach Blvd.  
 Dania Beach, FL 33004

C/o Atlantia Holdings  
 645 E. Dania Beach Blvd.  
 Dania Beach, FL 33004

FEI Number

**65-0723488**

Applied For

Not Applicable

Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BLACKBURN, ACE J JR**  
**COONEY, MATTSO, LANCE, BLACKBURN, RICHARD**  
**2312 WILTON DR.**  
**FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name

Street Address

**John Watson, Esq.**  
**Cooney Mattson et al**  
**2312 Wilton Drive**  
**Fort Lauderdale, FL 33305**

City

State

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, 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, 2002 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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAILEY, WILLIAM A</b>	
STREET ADDRESS	<b>920 SE 17TH ST., STE 300</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FARRELL, JAMES B</b>	
STREET ADDRESS	<b>910 SE 17TH ST., STE 300</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

TITLE	<b>P/D</b>
NAME	<b>A. Blackburn, Jr.</b>
STREET ADDRESS	<b>C/o Atlantia Holdings</b>
CITY-ST-ZIP	<b>645 E. Dania Beach Blvd.</b>
	<b>Dania Beach, FL 33004</b>
TITLE	<b>S/D</b>
NAME	<b>C. Economou</b>
STREET ADDRESS	<b>C/o Atlantia Holdings</b>
CITY-ST-ZIP	<b>645 E. Dania Beach Blvd.</b>
	<b>Dania Beach, FL 33004</b>
TITLE	<b>D</b>
NAME	<b>J. Wagner</b>
STREET ADDRESS	<b>C/o Atlantia Holdings</b>
CITY-ST-ZIP	<b>645 E. Dania Beach Blvd.</b>
	<b>Dania Beach, FL 33004</b>
TITLE	<b>D</b>
NAME	<b>G. Morfidis</b>
STREET ADDRESS	<b>C/o Atlantia Holdings</b>
CITY-ST-ZIP	<b>645 E. Dania Beach Blvd.</b>
	<b>Dania Beach, FL 33004</b>
TITLE	<b>D</b>
NAME	<b>P. Bartsotas</b>
STREET ADDRESS	<b>C/o Atlantia Holdings</b>
CITY-ST-ZIP	<b>663 E. Dania Beach Blvd.</b>
	<b>Dania Beach, FL 33004</b>

CHANGES IN 11

Change ☒ Addition

Change ☒ Addition

Change ☒ Addition

Change ☒ Addition

Change ☒ Addition

Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes, and 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #