FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 27, 2001 8:00 am DOCUMENT # **P97000057958 Secretary of State** 1. Entity Name S.C.O.S., INC. 03-27-2001 90052 049 ***150.00 Principal Place of Business Mailing Address 173 MEADOWS DRIVE 173 MEADOWS DRIVE **BOYNTON BEACH FL 33462 BOYNTON BEACH FL 33462** C0038651 2. Principal Place of Business 3. Mailing Address 5067 Little Beth De.N. 5067 Little Beth De. N. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0763658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, SHARON 173 MEADOWS DRIVE **BOYNTON BEACH FL 33462** Zip Code 8. The above named entity submits his 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE TITLE ☐ Delete SMITH, SHARON NAME 5067 Little BeTH De. N. Bounton Beach, FL 33437 NAME STREET ADDRESS STREET ADDRESS 173 MEADOWS DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33462** TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE noitibhA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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 a ddress, with all other like e

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-752-2942