

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90202 015 \*\*\*150.00

**DOCUMENT # P97000101863**

1. Entity Name  
**SCE ENTERPRISES INC.**



Principal Place of Business  
**11406 OLD LODGE LANE  
CAPTIVA FL 33924  
US**

Mailing Address  
**P.O. BOX 126  
CAPTIVA FL 33924  
US**



2. Principal Place of Business  
**11411 DICKEY LANE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0801194**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SMITH, ELAINE  
11411 DICKEY LANE  
CAPTIVA FL 33924**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b>	TITLE	
NAME	<b>SMITH, ELAINE</b>	NAME	
STREET ADDRESS	<b>11406 OLD LODGE LANE</b>	STREET ADDRESS	<b>11411 DICKEY LANE</b>
CITY-ST-ZIP	<b>CAPTIVA FL 33924</b>	CITY-ST-ZIP	<b>CAPTIVA FL 33924</b>
TITLE	<b>S</b>	TITLE	
NAME	<b>SMITH, CHARLES</b>	NAME	
STREET ADDRESS	<b>11406 OLD LODGE LANE</b>	STREET ADDRESS	<b>11411 DICKEY LANE</b>
CITY-ST-ZIP	<b>CAPTIVA FL 33924</b>	CITY-ST-ZIP	<b>CAPTIVA FL 33924</b>
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-4-03**

**239-472-0564**

Date

Daytime Phone #

CR2E034 (10/02)