

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009838

1. Entity Name
S C S OF SW FL. INC

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90171 025 ***150.00

Principal Place of Business
2268 Granby Drive
LEHIGH, F1 33971

Mailing Address
2268 Granby Drive
Lehigh, F1 33971

00046972

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65 - 0811018

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

STEELE VICTOR
2268 Granby Drive
Lehigh, F1 33971

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEES \$150.00
After MAY 1/2001 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 D ☐ Delete
NAME Steele Victor
STREET ADDRESS 2268 Granby Drive
CITY-ST-ZIP Lehigh, F1 33971

TITLE D ☐ Delete
NAME Cerone Kevin
STREET ADDRESS 903 Henry Av
CITY-ST-ZIP Lehigh, F1 33936

TITLE D ☐ Delete
NAME Steele Joanne
STREET ADDRESS 903 Henry Av
CITY-ST-ZIP Lehigh, F1 33936

TITLE D ☐ Delete
NAME Steele Joyce
STREET ADDRESS 2268 Granby Drive
CITY-ST-ZIP Lehigh, F1 33971

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24/01
Date

941 368-6675
Daytime Phone

CR2E034 (1/1/00)