FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P98000036675 1. Entity Name SC HOLDINGS, INC. 04-12-2001 90665 001 *1.800.00 Principal Place of Business Mailing Address 5200 S. WASHINGTON AVENUE 5200 S. WASHINGTON AVENUE TITUSVILLE FL 32780 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Blvd <u>555</u> Se Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3395504 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON, RONALD W 5200 S. WASHINGTON AVENUE TITUSVILLE FL 32780 8. The above nar for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE ed agent and title if applicable. (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 Delete NAME NAME SMITH, GARY R STREET ADDRESS 5200 S. WASHINGTON AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE VAS. ☐ Delete NAME STEBEL, DONNA NAME STREET ADORESS 5200 S. WASHINGTON AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE AS TITI F NAME NAME ARP, LORI J STREET ADDRESS STREET ADDRESS 5200 S. WASHINGTON AVENUE CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

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