2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State
07-05-2001 90008 046 ***550.00

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DOCUMENT # P98000039845

1. Entity Name
SCAL REAL ESTATE INVESTMENT GROUP INC.

Principal Place of Business	Mailing Address
1818 S AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409	1818 S AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
440 Columbia Drive Suite 300	440 Columbia Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 300
City & State West Palm Beach FL 33409	City & State West Palm Beach FL
Zip 33409 / Country	Zip 33409 / Country

4. FEI Number 65-0831765 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROY, DAVE K 1818 S AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409	Name Street Address (P.O. Box Number is Not Acceptable) 440 Columbia Drive Suite 300 City: W Palm Beach **FL** Zip Code: 33409

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROY, DAVE K 1818 S AUSTRALIAN AVENUE SUITE 400 WEST PALM BEACH FL 33409	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST D 440 Columbia Drive Suite 300 West Palm Beach FL 33409	☒ Change ☐ Addition
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CR2E034 (10/00)

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: _____ Pres. Dent 6/27/01 561-616-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #