2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083013 Jan 20, 2000 8:00 am **Secretary of State** SCS INFORMATION SYSTEMS, INC. 01-20-2000 90224 011 ***150.00 Mailing Address Principal Place of Business 790 S. PARK ROAD, APT. 6-115 790 S. PARK ROAD, APT, 6-115 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-8715 UNUUBDBU 3. Mailing Address 2. Principal Place of Business 2-261 COVE LAKE Roan 2761 cove LAKE Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number 65-0865015 North Laudeida 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 Schoonover Steven SCHOONOVER, STEVEN C Street Address (P.O. Box Number is Not Acceptable) 790 S. PARK ROAD, APT. 6-115 HOLLYWOOD FL 33021 33068 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Defete TITLE Schoonover Steven C 2261 Cove LAKE Road NAME SCHOONOVER, STEVEN C NAME STREET ADDRESS 790 S. PARK ROAD, APT, 6-115 STREET ADDRESS *33*0 68 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change ☐ Delete TITLE TITLE 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 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.