

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90060 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000011210**

1. Entity Name

**SCI INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

11728 US HWY 19  
PORT RICHEY FL 34668

8316 ARCOLA AVENUE  
HUDSON FL 34667-3621

2. Principal Place of Business

3. Mailing Address

8316 Arcola Ave  
Suite, Apt. #, etc.

11728 US 19  
Suite, Apt. #, etc.

City & State

Hudson Florida

City & State

Port Richey FL

Zip

34668

Country

USA

Zip

34668

Country

USA

4. FEI Number

59-3557547

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

SARRICA, ROBERT  
1849 PEPPERELL DRIVE  
NEW PORT RICHEY FL 34655

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 ☐ Delete  
NAME ~~Robert Sarrica~~  
STREET ADDRESS ~~1849 Pepperell Dr~~  
CITY-ST-ZIP ~~N.P.R. FL 34655~~

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **Robert SARRICA**  
CITY-ST-ZIP **1849 Pepperell Dr**  
**N.P.R. FL 34655**

TITLE ☐ Delete  
NAME ~~Beverly Sarrica~~  
STREET ADDRESS ~~1849 Pepperell Dr~~  
CITY-ST-ZIP ~~N.P.R. FL 34655~~

TITLE ☐ Change ☒ Addition  
NAME **SEC TRE**  
STREET ADDRESS **BEVERLY SARRICA**  
CITY-ST-ZIP **1849 Pepperell Dr**  
**N.P.R. FL 34655**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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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

Date

Daytime Phone #

Robert SARRICA (721) 869-8896

CR2E034 (9/99)