AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025520

1. Entity Name

SCOTT SERVICES GROUP, INC.

FILED
01 DEC 31 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500004755405--5
-01/07/02--01048--005
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
701 Brickell Avenue Suite 3000 Miami, FL 33131	701 Brickell Avenue Suite 3000 Miami, FL 33131

2. Principal Place of Business	3. Mailing Address
103 N. Meridian Street	103 N. Meridian Street
Suite, Apt. #, etc.: Lower Level	Suite, Apt. #, etc.: Lower Level
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 32315 Country: USA	Zip: 32315 Country: USA

4. FEI Number: 65-1062215 ☐ 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
Interstate Registered Agent Corporation 701 Brickell Avenue Suite 3000 Miami, FL 33131	Name: CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian Street Lower Level City: Tallahassee FL Zip Code: 32315

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: Pam Wolfe — Pam Wolfe:It's Agent — 12/31/0
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, 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	DPS Adolfo E. Jimenez 701 Brickell Avenue, Suite 3000 Miami, FL 33131 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Martin Charles Porter PO Box 175, Frances House Sir William Place, St. Peter Port, ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Guernsey Channel Islands GY1 4HQ ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Martyn Eric Russell PO Box 175, Frances House Sir William Place, St. Peter Port ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Guernsey Channel Islands GY1 4HQ ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: MTR — MARTIN PORTER — 2/12/01 — 1481 731329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 12-31-01

REF. #: 0150.4124

CORP. NAME: Scott Services Group Inc

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION
(X) ANNUAL REPORT (Amended) ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY
( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION ( ) UCC-1 ( ) UCC-3
( ) OTHER: _____

RECEIVED
01 DEC 31 AM 10:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATE FEES PREPAID WITH CHECK# 501218 **FOR $** 61.25

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING (X) PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS

Examiner's Initials