

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000046772

1. Entity Name  
**SCRM INC.**  
**DBA CARROLLWOOD MOBIL**

Principal Place of Business Mailing Address  
**9907-N. DALE MARY Hwy.**  
**TAMPA, FLA. 33618**

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**  
 03-27-2000 90046 025 \*\*\*158.75

**B0036776**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**9907-N. DALE MARY**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**TAMPA FLA**

Zip Country Zip Country  
**33618 USA**

4. FEI Number 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required  
**59-3578898**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**MICHAEL A. BARR**  
 Name **ROSEMARIE MANNINO**  
 Street Address (P.O. Box Number is Not Acceptable) **9907-N. DALE MARY Hwy.**  
 City **TAMPA** FL Zip Code **33618**

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 **Rosemarie Mannino** **ROSEMARIE MANNINO, PRESIDENT** **3/7/00**  
 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 <b>PRESIDENT</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSEMARIE MANNINO</b>		NAME	
STREET ADDRESS <b>1247-CALADESI DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WESLEY CHAPEL, FLA 33543</b>		CITY-ST-ZIP	
TITLE <b>SEC. TRAS.</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STELLA MARCHESE</b>		NAME	
STREET ADDRESS <b>1243-CALADESI DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WESLEY CHAPEL 33543</b>		CITY-ST-ZIP	
TITLE <b>VICE-PRES.</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CARLO MANNINO</b>		NAME	
STREET ADDRESS <b>1247-CALADESI DRIVE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>WESLEY CHAPEL 33543</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Rosemarie Mannino** **President** **3/7/00** **813-962-6349**  
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #  
**ROSEMARIE MANNINO**

CR2E034 (9/99)