

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90012 048 ***150.00

DOCUMENT # P99000083072

1. Entity Name

SCRC, INC.

Principal Place of Business

**420 MONTCLAIRE DRIVE
WESTON FL 33326**

Mailing Address

**420 MONTCLAIRE DRIVE
WESTON FL 33326****A0067333**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0968433

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COVE, ANDREW N ESQ.
3801 HOLLYWOOD BOULEVARD
SUITE 100
HOLLYWOOD FL 33021**

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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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	PSD CHESS, STEVEN 420 MONTCLAIRE DRIVE WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CHESS, ROBERT A 420 MONTCLAIRE DRIVE WESTON FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/00**954-344-6061**

P99006083072

A0067953

Memo:

Date: 7/11/2000

To: Division Of Corporations, Uniform Bussiness Reports Filings

From: ROBERT CHESS

RE: Late Filing of report

Dear Sir's

I am in receipt of your 2000 Uniform Business Report as of approximately 7/5/00. This is the first renewal for this company and so I called my accountant for information if I should send this in or let him. He then asked me about the fee you requested and it was then that he made me aware that this was a late fee, and that it would appear that I never received the first notice. I called the 1-850-488-9000 phone number and NATE said I should write this note and send in the original amount of \$150- and the late fee's would be waved this time.

I hope this explains my actions and I appreciate your help in this matter

Thank You



Robert A. Chess

954-349-6061