

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90057 009 \*\*\*150.00

**DOCUMENT # S03197**

1. Entity Name  
**SCS FINANCE, INC.**

**Principal Place of Business**

**3818 NW 49TH ST  
 3819 NW 49 ST  
 TAMARAC FL 33309-3306  
 US**

**Mailing Address**

**3819 NW 49 ST  
 TAMARAC FL 33309-3306  
 US**

**2. Principal Place of Business**

**3681 W. OAKLAND PARK BLVD.**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**3681 W. OAKLAND PARK BLVD.**  
 Suite, Apt. #, etc.

**City & State**

**LAUDERDALE LAKES FL**

**City & State**

**LAUDERDALE LAKES FL**

**4. FEI Number**

**65-0223926**

**Applied For**

**Not Applicable**

**Zip**  
**33311**

**Country**  
**USA**

**Zip**  
**33311**

**Country**  
**USA**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GOLDSTEIN, CRAIG  
 3819 NW 49 ST  
 TAMARAC FL 33309**

**7. Name and Address of New Registered Agent**

**Name**

**3681 W. OAKLAND PARK BLVD**

**City**

**LAUDERDALE LAKES**

**FL**

**Zip Code**

**33311**

**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, 2002 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**

**TITLE** **PDS** ☐ Delete  
**NAME** **GOLDSTEIN, CRAIG**  
**STREET ADDRESS** **3819 NW 49 ST**  
**CITY-ST-ZIP** **TAMARAC FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **3681 W. OAKLAND PARK BLVD.**  
**CITY-ST-ZIP** **LAUDERDALE LAKES FL 33311**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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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 #

CR2E034 (9/01)