FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 25, 2002 8:00 am S16833 DOCUMENT # **Secretary of State** 1. Entity Name 02-25-2002 90091 040 \*\*\*150.00 S & C EAST, INC. Principal Place of Business Mailing Address 513 HIGHLAND DR 513 HIGHLAND DR CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3054927 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARONE, WALTER E Street Address (P.O. Box Number is Not Acceptable) 513 HIGHLAND DR CASSELBERRY FL 32707-1513 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) TITLE □ Delete TITLE □ Change ☐ Addition BARONE, WALTER E NAME NAME 513 HIGHLAND DR STREET ADDRESS STREET ADDRESS CITY-ST-7(P CASSELBERRY FL CITY-ST-ZIP TITLE ☐ Delete TITLE [ ] Change ☐ Addition NAME BARONE, EDNA NAME STREET ADDRESS STREET ADDRESS 513 HIGHLAND DR CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL TITLE ☐ Delete TITLE □ Change ☐ Addition DONNELLY, SANDRA R NAME NAME STREET ADDRESS STREET ADDRESS 709 BROCKWAY AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32807 Change Ch TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE [☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [☐ Change ☐ Delete ☐ 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

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Pursuant To section 607.1403, Florida Statues, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation is S & C East, Inc.

FIRST:

SECOND:	The date dissolution was authorized: <u>July 31, 2001</u>
THIRD:	Adoption of Dissolution was approved by the shareholders.  The number of votes cast for dissolution was sufficient for approval.
	number of votes cast for dissolution was sufficient for approval by shares (100%) of the corporate voting stock.
Signed th	is 14 day of 2 , 2002
Signature _	Walty E. Barese PRES. Officer's name and title.
Ī	WALTER E. BARONE PRES. Print Signing Officer's Name & title
State of Hired of	6
mous te mo	gend acknowledged to me that he h
xecutes the Deblie h h/l	generalista la procuer por ", abieno mon man por ", ", ", ", ", ", ", ", ", ", ", ", ",
	DEBBIE L. DOWLING  MY COMMISSION # CC 840967