

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90004 033 ***150.00

DOCUMENT # S 77818

1. Entity Name
South Central Business System, Inc.

Principal Place of Business
280 W. Prospect Rd.
Ft. Lauderdale, FL 33309

Mailing Address
280 W. Prospect Rd.
Ft. Lauderdale, FL 33309

2. Principal Place of Business
280 W. Prospect Rd.
 Suite, Apt. #, etc.

3. Mailing Address
280 W. Prospect Rd.
 Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL
 Zip
33309 Country
USA

City & State
Ft. Lauderdale, FL
 Zip
33309 Country
USA

4. FEI Number
65-0284294 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

00059663

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Re, Stacy A.
280 W. Prospect Rd.
Ft. Lauderdale, FL 33309

7. Name and Address of New Registered Agent

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 Stacy A. Re
 Signature, typed, printed name of registered agent and title if applicable

5/23/00
 DATE

(NOTE: Registered Agent signature required when reinstating)

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	
TITLE <u>PRST</u>	<input type="checkbox"/> Delete
NAME <u>Re, Stacy A.</u>	
STREET ADDRESS <u>4471 N W 20th Ave.</u>	
CITY-ST-ZIP <u>Oakland Pk FL 33309</u>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Stacy A. Re Stacy A. Re
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/00 954
 Date Daytime Phone #

CR2E034 (9/99)