2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000054659**

1. Entity Name

City & State

STICH, SHERRY L

6241 DONNINGTON CT SARASOTA FL 34238

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

SHERRY L STICH

STICH, RANDY T.

6241 DONNINGTON CT

6241 DONNINGTON CT

SARASOTA FL 34238

SARASOTA FL 34238

(See criteria on back)

VTS

Zip

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

NAME STREET ADDRESS

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SR SOLUTIONS, INC.

Principal Place of Business	Mailing Address	
E241 DONNINGTON CT SARASOTA FL 34238	6241 DONNINGTON CT SARASOTA FL 34238-2787 US	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

City & State

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

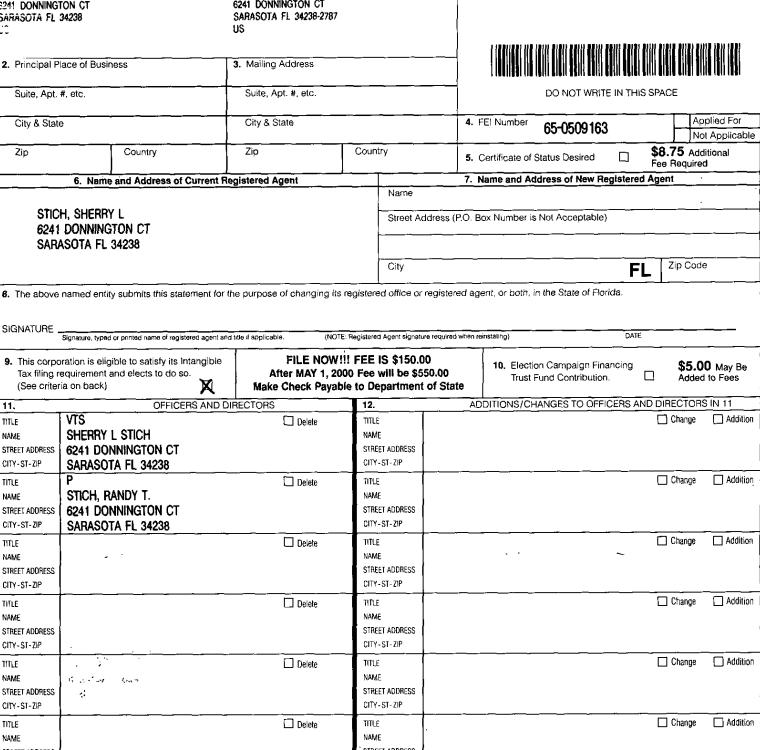
CITY-ST-ZIP

Name

City

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90044 008 ***150.00



STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

NING OFFICER OR DIRECTOR

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