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UNIFORM	<b>BUSINESS REPORT</b>	(UBR
	F0000001000	/ /

DOCUMENT #

F00000001008

1. Entity Name SREG (STP), INC.

Principal Place of Business 4651 SHERIDAN ST. SUITE 200 HOLLYWOOD FL 33021

Mailing Address

4651 SHERIDAN ST. SUITE 200

HOLLYWOOD FL 33021

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.



04-07-2003 90146 011 \*\*\*158.75



XX CHECK HERE IF MAKING CHANGES

City & State		City & State			4. FEI Number 65-0858424	Applied For Not Applicable
Zip	Country	Zip	Coun	try		8.75 Additional ee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
STOTZER, THEODORE R 4651 SHERIDAN ST, SUITE 200 HOLLYWOOD FL 33021			Name Street Addre	ess (P.O. Box Number is Not Acceptable)		
				City	FL	Zip Code

SIGNATURE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

				<del></del>		
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SWERDLOW, MICHAEL J 300 HOLLYWOOD WAY- HOLLYWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SWERDLOW, MICHAEL J. 4651 SHERIDAN STREET, SUITE 200 HOLLYWOOD, FLORIDA 33021	<b>™</b> Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZOHN, FRANK <del>300 HOLLYWOOD WAY</del> HOLLYWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZOHN, FRANK 4651 SHERIDAN STREET, SUITE 200 HOLLYWOOD, FLORIDA 33021	<b>XX</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STOTZER, THEODORE R 300 HOLLYWOOD WAY- HOLLYWOOD FL	☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	EVPS STOTZER, THEODORE R. 4651 SHERIDAN STREET, SUITE 200 HOLLYWOOD, FLORIDA 33021	<b>☆</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SREG (STP), INC.

SIGNATURE: By:

March 20, 2003

(954) 981-1000