

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90036 009 ***550.00

DOCUMENT # F99000002181

1. Entity Name **SIRI INCORPORATED** ✓

Principal Place of Business 13402 BOLTON COURT SPRING HILL FL 34609	Mailing Address 13402 BOLTON COURT SPRING HILL FL 34609
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2. Principal Place of Business 5500 BELLVIEW AVE	3. Mailing Address 5500 BELLVIEW AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NEW PORT RICHEY	City & State NEW PORT RICHEY
Zip 34652	Zip 34652
Country FL	Country FL

4. FEI Number 58-3581303	APPLIED FOR	Applied For
	<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEINHAUSEN, HELLMUTH
13402 BOLTON COURT
SPRINGHILL FL 34609

7. Name and Address of New Registered Agent

Name
CORNELIA ANNA ZAHN

Street Address (P.O. Box Number is Not Acceptable)
5460 BELLVIEW AVE

City
NEW PORT RICHEY FL

Code
34652

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 C. Zahn **MANAGER**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete ZAHN, JOCHEN HERMANN-AUST-STR.9/ D-86825/BADWORISHOFEN GERMANY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input type="checkbox"/> Delete ZAHN, CORNELIA SEFFENTER STRAAT 30A/ GC 6520 VAALS NETHERLAND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ZAHN, FLORIAN SEFFENTER STRAAT 30A/ GC 6520 VAALS NETHERLAND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VC - MANAGER ZAHN CORNELIA 5460 BELLVIEW AVE NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: C. Zahn **SIGNATURE/REMAINER** **7.24.00** **727-843 8430**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C. ZAHN

CR2E034 (5/00)