

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90001 035 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000002181

1. Entity Name
SIRI INCORPORATED

Principal Place of Business
**5500 BELLVIEW AVE
 NEW PORT RICHEY FL 34652**

Mailing Address
**5500 BELLVIEW AVE
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business
4231 ERINDALE DR
 Suite, Apt. #, etc.

3. Mailing Address
4231 Erindale Dr.
 Suite, Apt. #, etc.

City & State
North Fort MYERS, FL
 Zip
33903
 Country
Lee

City & State
N-FA MYERS, FL
 Zip
33903
 Country
Lee

4. FEI Number
59-3581303

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZAHN, CORNELIA A
 5460 BELLVIEW AVE
 NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name **Zahn Cornelia A**
 Street Address (P.O. Box Number is Not Acceptable)
4231 Erindale Dr
 City **N-FA MYERS** FL Zip Code **33903**

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**

DATE **4. 11. 02**

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 \$150.00
 After May 1, 2002 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 ☐ Delete
 NAME **C**
ZAHN, JOCHEN
 STREET ADDRESS **HERMANN-AUST-STR.9/ D-86825/BADWORISHOFEN**
 CITY-ST-ZIP **GERMANY**

TITLE ☐ Delete
 NAME **D**
ZAHN, CORNELIA
 STREET ADDRESS **5460 BELLVIEW AVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete
 NAME **D**
ZAHN, FLORIAN
 STREET ADDRESS **SEFFENTER STRAAT 30A/ GC 6520 VAALS**
 CITY-ST-ZIP **NETHERLAND**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **MD Zahn, Cornelia**
 STREET ADDRESS **4231 Erindale Dr**
 CITY-ST-ZIP **North Fort MYERS, FL 33903**

TITLE ☐ Change ☐ Addition
 NAME **Zahn, Florian**
 STREET ADDRESS **Jülicher Str. 25-27, 52070 Aachen**
 CITY-ST-ZIP **Germany**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4. 11. 02**

DAYTIME PHONE # **941 6560019**

CR2E034 (9/01)